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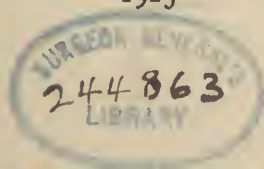
CHARLES SCRIBNER'S SONS

VOCATIONAL SERIES

# THE PHYSICIAN

✓ BY  
J. M. T. FINNEY, M.D.

NEW YORK  
CHARLES SCRIBNER'S SONS  
1923



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## PREFACE

THE substance of this little volume is embodied in addresses given from time to time to the students composing the Medical Club of Princeton University. This material has since been revised and enlarged until it has assumed its present form. It is hoped that as it now stands it may prove of some service to those contemplating the study of medicine, in helping them to decide for or against it as a life work. It is hoped, too, that it may prove not without interest to those medical men into whose hands it may happen to fall and who may have already advanced somewhat upon the way. In turning its pages, it should be borne constantly in mind, however, that this address was delivered in the beginning to a group of college students who had not as yet begun their life work, and that it is to a larger audience of this same character that it is now chiefly addressed.





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# THE PHYSICIAN



# THE PHYSICIAN

## CHAPTER I

### ORIGIN OF MEDICINE

IN that charming sketch by Sir William Osler, *The Evolution of Modern Medicine* (which every student of medicine, undergraduate or graduate, should keep always at hand), he quotes Lucretius, Pliny, Celsus, and many others to show the origin of primitive medicine. "Medicine arose," says he, "out of the primal sympathy of man with man; out of the desire to help those in sorrow, need, and sickness.

"In the primal sympathy  
Which having been must ever be;  
In the soothing thoughts that spring  
Out of human suffering.'

The instinct of self-preservation, the longing to relieve a loved one, and, above all, the maternal passion—for such it is—gradually

softened the hard race of man." He further quotes Lucretius, in speaking of the growth of sympathy among primitive peoples, as follows: "When with cries and gestures they taught, with broken words, that 'tis right for all men to have pity on the weak."

The first lessons came to primitive man by injuries, accidents, bites of beasts and serpents, perhaps for long ages not appreciated by his childlike mind, but little by little such experiences crystallized into useful knowledge. The experiments of nature made clear to him the relation of cause and effect. He also quotes with approval Celsus in his account of the origin of rational medicine: "Some of the sick, on account of their eagerness, took food on the first day; some, on account of loathing, abstained; and the disease in those who refrained was more relieved. Some ate during the fever, some a little before it, others after it had subsided, and those who had waited to the end did best. For the same reason, some at the beginning of an illness used a full diet, others a spare, and the former were made worse. Occurring daily, such things impressed careful men, who noted what methods of treat-



ment had best helped the sick and then began to prescribe them. In this way medicine had its rise from the experience of the recovery of some, of the death of others; distinguishing the hurtful from the salutary things. Observation came and with it an ever-widening experience. No society so primitive without some evidence of the existence of a healing art, which grew with its growth and became part of the fabric of its organization." The system of medicine in practice to-day is but the gradual accretion of such observations and discoveries, and the deductions made from them through the ages.

## CHAPTER II

### A BRIEF OUTLINE OF THE HISTORY OF THE PROFESSION

WHEN we look into the history of the healing art two facts stand out in striking contrast—the great antiquity of medicine and the comparatively recent period during which it has made its rapid advances.\*

To one who is contemplating the study of medicine a brief outline of the history of that profession should prove interesting, instructive, and inspiring. It is a long story of an honorable profession, affected of necessity, like other professions, by the various vicissitudes of the times through which it has passed during the intervening centuries

\*The material comprising this chapter has been compiled from various sources, but chiefly from published remarks made by Professor William H. Welch at the Centennial Anniversary of the Medical and Chirurgical Faculty of Maryland, April 26, 1899. *Papers and Addresses*, vol. III, *The Evolution of Modern Medicine*, by Sir William Osler, and an unpublished paper by Dr. Walter Brem.

from the time of its birth until now. Medicine in general is divided, historically, into three great divisions: ancient, mediæval, and modern.

### ANCIENT MEDICINE

The first period extends from the earliest records as found in the trephine holes of skulls from the Neolithic Period, to the time of Galen in the second century of the Christian era. It is subdivided into (*a*) Egyptian Medicine, which begins with the papyrus found by Ebers. The date of this papyrus must be at least 1500 B. C. It is a treatise upon remedies used in the treatment of various diseases. No less than 700 remedies of one sort or another are mentioned. It is interesting to note that even at this early date such popular drugs as opium and castor-oil were being used. (*b*) Assyro-Babylonian Medicine. This is recorded chiefly in cuneiform tablets, consisting largely of copies of letters written to the King, some of which are written by the King's own physician. (*c*) Hebrew Medicine. This is well illustrated in the Book of Leviticus in the Bible. (*d*) Greek Medicine. This is really the be-

ginning of historical medicine. Here we find the works of Hippocrates (from 460 B. C.), the so-called "Father of Medicine." His is the greatest name in ancient medicine, indeed "one of the greatest names in the whole history of medicine, a man characterized by simplicity of work and observation without speculation, and whose work has remained a model to the present time."\* He it was who delivered medicine and surgery from the thralldom of superstition and speculation. Hippocrates, typifying the Grecian spirit of his day in his insistence upon explaining various phenomena observed without regard to dogma or tradition, taught his students that all diseases spring from natural causes and are not manifestations of the displeasure of the gods. "That was the keynote of rational medicine struck over twenty-three centuries ago, but which had to be sounded again and again through many centuries ere his successors were brought into harmonious procession. One of the grandest achievements of science is the establishment of the principle that Nature works under fixed laws. For his pioneer work in the

\* Welch. See note, page 4.

establishment of this principle, Hippocrates deserves the greatest credit.”\*

The name of Aristotle, though he was not a physician, only the son of a physician, should be included here on account of his studies in anatomy, as should also the School of Alexandria in the time of the Ptolemys, where pathology and anatomy were cultivated by dissection of bodies. (*e*) Next comes Roman Medicine of Asclepiades in the second century before Christ, when he introduced Greek Medicine into Rome. His original works were lost, but, as he was quoted very extensively by Galen and other writers, it is not difficult to get an idea of his opinions. Then comes Celsus in the first century. His work was of inestimable value, but occupies a position quite different from that of Hippocrates and Galen. He was an encyclopædic writer, collecting all the wisdom of those who preceded him; a work of great value in that it presents to us the condition of medical knowledge in the time in which he wrote. He was not recognized as an original authority, and therefore is not quoted by Galen. He seemed to be

\* Welch.

a great admirer of Hippocrates. Celsus undoubtedly recognized diphtheria and gave an excellent description of it. Finally we come to Galen, one of the greatest names in medicine. He flourished in the second century after Christ. He summed up all the wisdom of antiquity and described that system of medicine which held undisputed sway for over one thousand years. From his time on to the Reformation there were no new contributions. Galen's system is a wonderful monument to the man, to his power of observation, his acute reasoning, and his philosophical aid. He was the first to make physiological experiments.

#### MEDIÆVAL MEDICINE

This was a very dark period in the history of medicine, little or nothing of value having been contributed by any one. In the Eastern Empire, Oribasius, who lived in the fourth century A. D., and Paul of Ægina, were perhaps the most famous. The latter was a surgeon of experience, whose work was of considerable value in the history of surgery. Of the Arabian Period of medicine,

the names of Rhazes and Avicenna stand out most prominently. The former was one of the few who actually contributed something to medicine during this period, the rest being merely followers and imitators of Galen. Rhazes undoubtedly first described smallpox, as there was no record of it previously, and his description is very good, as is also that of measles. Avicenna's great work, *The Canon of Medicine*, was a complete and very methodical system modelled after Galen. It was for centuries the principal text-book of medicine. Along in the tenth and eleventh centuries, the universities first began to make their appearance, the first of which was that of Salernum, and it is interesting to note that this university began with a school of medicine. In the twelfth and thirteenth centuries first appeared the works of any Englishman. Gilbert and Gordon were the first, and their writings thus early show traces of the practical sense of the British physicians. Their works had wide distribution and are typical examples of scholastic medicine. In the next century, the fourteenth, came the dawn of the freedom of thought, so free, indeed,

that the philosophical works of Arnold of Villa Nova were burned by the Inquisition. Among other names of those whose work is worthy of mention is Mondino, who was the first to dissect the human body since the time of the School of Alexandria. The latter was a learned man, thoroughly familiar with the work of his predecessors who wrote on the subject.

#### MODERN MEDICINE

This period begins with the Renaissance in the fifteenth and sixteenth centuries, and was ushered in by three movements: classical scholarship, the return to medicine, and the revolt against dogmatic authority. The first names to achieve note during this period were those of Linacre, a professor in Oxford, a highly cultivated man and a very active practitioner, and Caius, who wrote a remarkable and classic monograph on "Spring Sickness." It was written in the true Hippocratic spirit of actual observation, and demonstrated that the spirit of criticism, of observation, and of investigation had returned. Next comes the great name of Vesalius, the reviver of anatomy. He dis-



sected the human body and constructed the science of human anatomy. Galen heretofore had been supposed to be infallible, so much so that, when permission was asked of the Church to dissect human bodies, the authorities answered: "It is not necessary unless Galen has made a mistake, and he has not made a mistake, therefore it is not necessary." Vesalius, however, reconstructed human anatomy and undermined Galen by pointing out mistakes that he had made in his examinations of animals. Then comes that strange individual, Paracelsus, the antagonist of all authorities, an ancient Bolshevik, who began his lectures by publicly burning the works of Galen and Avicenna. His conception of disease is interesting in that he thought of it as a parasite, as something which entered the body from the outside and entered into a struggle with the archeus. He made several material contributions to therapeutics, the principal one of which was antimony, which became the badge of his school. The next century, the seventeenth, that of Copernicus, gives us a galaxy of names famous in the history of medicine; chief among them perhaps are

Harvey, Sanctorius, Borelli, Van Helmont, Glisson, Willis, Sydenham, Malphigi, and Van Leeuwenhoek. The name of Harvey is, of course, forever associated with his discovery of the circulation of the blood, first published in 1628, although announced by him in his lectures twelve years before. This was the greatest discovery in physiology and effectually overthrew Galenism. Hardly less important, however, than his discovery of the circulation was Harvey's work on the development of the embryo. Sanctorius was the first man to count the pulse and the first to use instruments of precision, among them the thermometer. Borelli is interesting as the founder of the clinical school and the first to try to explain the phenomenon of life on chemical principles. We are indebted to Van Helmont for the modern conception of gas and for his discovery of carbonic-acid gas. Glisson was celebrated for his work on the anatomy of the liver, and he was the first to conceive the doctrine of irritability, the fundamental property of living things. Willis gained fame as an anatomist, especially in the anatomy of the brain. Then comes Syden-

ham, the greatest physician of the century and one of the greatest of all times. He was thoroughly imbued with the Hippocratic method. He saw things clearly and described clearly what he saw. His name is especially associated with his graphic description of the gout, with which he himself suffered, his writings upon hysteria, the use of cinchona bark in malaria, and the use of cooling treatment in fevers. The beginning of microscopic anatomy followed the making of simple lenses. With the aid of these Malphigi first saw the red blood corpuscles and was able to study the structure of the lungs, kidneys, and other glandular apparatus of the body. With these same simple lenses Van Leeuwenhoek first discovered bacteria, although he did not appreciate their significance. These two men did all that could be done with simple lenses, and no further advance was made in this line until more perfect lenses were devised in the early part of the nineteenth century. The eighteenth, or the Philosophical Century, as it is called, contains some of the greatest names, perhaps the greatest in the history of scientific medicine, namely, that of John

Hunter and also that of Edward Jenner, the discoverer of vaccination against smallpox. Among the number of those most worthy to be mentioned, on account of the character of their work and their contributions to the science and the art of medicine, are Boerhaave, Hoffman, Stahl, Haller, Wolff, and Morgagni, the latter probably being the first to make systematic post-mortem examinations. English surgery contributed, among others, the names of Astley Cooper, Abernethy, and Pott. Among the other celebrities may be mentioned Spallanzani, the first to study artificial digestion, and Galvani, an interesting name both in science and medicine.

The medical history of the nineteenth century teems with names famous for their discoveries and other contributions to medical knowledge. A list of these names is like calling the honor roll of the profession. It is so long that only a few of the most prominent can be mentioned—Bichat, Lænnec, Louis, celebrated among other things for his studies in typhoid fever, Charles Bell, the discoverer of the roots of sensory nerves; Liebig, who started the work in physiologi-

cal chemistry, and Johannes Müller, the founder of the modern German school of physiology; Morton, the discoverer of anæsthesia; Magendie; Rokitansky; Von Helmholtz, the discoverer of the ophthalmoscope; Virchow, the great pathologist; Lister, the first to formulate and apply the principles of antiseptic work, based largely upon the discoveries in fermentation by the great Pasteur; and, finally, Koch, the discoverer, among other things, of the tubercle bacillus.

The foundations of modern medicine, begun in the sixteenth century by the anatomist Vesalius, who first studied scientifically the structure of the human body, have been built by slow and tedious processes during the succeeding centuries. Physiology, microscopy, histology, and pathology were all slowly evolved. Every new discovery was bitterly opposed, and the early builders, maligned and even persecuted, literally hewed the foundation-stones by the sweat of their brows. But, in spite of all opposition, the edifice of knowledge grew slowly, but surely, until it has reached the highest development of to-day. One by one the great epoch-making discoveries were

made and the growing list of names of the immortals in medicine—Harvey, Jenner, Pasteur, Lister, Koch, and others too numerous to name—was being added to all the while. In recent years, Ross and Reed had taught us much about the causes and methods of conveyance and control of diseases that had for centuries been the scourge of mankind. Lazear had, among other martyrs, laid down his life in demonstrating the propagation of yellow fever through the mosquito. Gorgas, profiting by these researches, had, by practical application of the knowledge gained, made possible the building of the Panama Canal and had freed our Gulf States, Cuba, the Canal Zone, and other portions of the globe from the fearful apprehension and the dire results of a visitation of these scourges of mankind. The establishment of the fact of an intermediate host, the mosquito, flea, tick, etc., in the transmission of many of the communicable diseases was a great step in advance and suggested at once the possible control of these epidemics by limiting the activities or by complete extermination of these pests. The effect of an impure water-supply in the

transmission of typhoid fever, cholera, etc., also was a great step. Then the introduction of vaccination against many of these deadly diseases, typhoid fever, diphtheria, etc., has accomplished much in their control.

Not alone has man benefited in his own person by these advances, but, indirectly, by the immunization of animals, which has practically saved the hog, sheep, and cattle industries from destruction by cholera, anthrax, Texas fever, etc.

Control of many diseases is obtained through control of environmental conditions, that is, by sanitation. By far the greatest progress in preventive medicine has been made in this direction by purifying the water and milk supplies, proper disposal of sewage, the reduction of the number of mosquitoes, war on rats and other rodents, the control of lice infection, muzzling of dogs, etc. There is, however, another great group of diseases in which sanitation is largely ineffectual—the group of communicable or contagious diseases. These must be controlled chiefly through man's education and his control over himself, as their prevention depends largely upon early recognition of



infected persons and their voluntary isolation or quarantine. Some of these, diphtheria, smallpox, and leprosy, have been brought largely under control, but others, such as tuberculosis, while much progress has been made, still resist effectual control. Pneumonia, for instance, although the organism causing it was discovered years ago, has, nevertheless, so far successfully resisted all efforts to conquer it.

That there is a crying need for the exercise of preventive medicine along other lines than those just mentioned, is emphasized by the fact that the medical examinations made during the draft of our army during the recent great war showed over 33 per cent of men in the draft age to be physically unfit for military service. A study of these disabilities revealed the fact that the great majority of them could, in all probability, have been prevented by judicious medical care and education during early life, especially during the school age. This emphasizes the fact that the medical care and hygienic education of the school-child are, perhaps, the most imperative duty that con-



fronts the present generation. And yet this duty is strenuously denied, and its fulfilment obstructed in various parts of the country by a vicious league of theorists, who are attempting to check in every way possible the effective carrying out of public health work in the schools and elsewhere. These same methods of preventive medicine, applied during the war for the protection of our army, were so successful that our death-rate from disease was lower than that of any army in any previous war. It is the first war, in fact, on record, in which disease has killed fewer of the combatants than were slain in battle. The records show that in the American Expeditionary Force disease killed only about one-third as many soldiers as died from battle wounds. And yet, in the face of all this undoubted evidence of the effectiveness of the methods which have been employed in the prevention and cure of disease, both in peace and war, we are confronted to-day with the extraordinary spectacle of large bodies of supposedly intelligent men and women who are using every effort to obstruct and prevent the employment of these methods in the control and prevention

of disease, which means, in turn, the prevention and relief of untold suffering and the saving of countless human lives.

“The conception that animates the modern scientific mind at the present time, namely, that the cure of most diseases lies in the remarkable defensive and offensive reparative mechanism of living tissues, is of far-reaching importance. Under this conception the physician’s rôle is chiefly to support the body in its fight against disease and to render every aid possible. The rôle of drugs in the practice of medicine is now a subsidiary one, chiefly but not wholly palliative. There are some diseases, not many, to be sure, which can be cured by drugs. Quinine in malaria and salvarsan in syphilis are examples. In spite of the enormous work that has been done, there still remain many problems which have, so far, baffled science and whose solution will be fraught with the greatest possible benefit for the human race.”\*

“To appreciate the character and extent of an advance made by scientific discovery, it is necessary to know something about the

\* Brem. See note, page 4.

ideas which have been displaced or overthrown by the discovery. The younger generation of students are in danger of forgetting that facts which are taught to them and which seem to them the simplest and most natural, may have cost years of patient investigation and bitter controversy, and possibly have taken the place of doctrines very different or even contradictory, which long held sway and which seemed to other generations equally simple and natural."\* Time and space will permit us, in passing, to refer to but one or two of these epoch-making events. For instance, it is difficult for us in this day and generation to visualize a surgical operation as it was performed before the days of anæsthesia and antiseptics. When we read of the methods of performing an operation under the conditions which then obtained, and consider the extent and character of the operation undertaken, it is difficult for us to determine which we admire more, the courage, dexterity, and celerity of the surgeon in its performance, or the wonderful fortitude and self-control of the patient in submitting

\* Welch. See note, page 4.

to and enduring it. The introduction by Morton, in 1846, of general anæsthesia into the practice of surgery revolutionized it and opened wide the possibilities of surgical interference in all classes of patients. So, too, with the wide-reaching effect of the introduction of antiseptics, the forerunner of the great modern advance in the science of surgery, which dates from Lister. There are those still living who well remember the acrimonious discussions which preceded their general introduction into surgical practice. Largely as a result of these two discoveries, together with Virchow's contributions, which laid the foundations of cellular pathology, is due the great development of the science of surgery which has taken place almost within a generation.

Familiarity upon the part of the young physician with the biographies of the leaders of the profession, past and present; with the history of medicine and the various phases and vicissitudes through which it has passed from the earliest times to the present, will well repay him in every way for the time and effort necessary to acquire it. Nothing is more stimulating or helpful to the medical

student than an intimate acquaintance with the great men whose names have added lustre to their chosen profession and whose accomplishments have done so much to relieve suffering and add to the sum total of human knowledge and the prolongation of human life.

## CHAPTER III

### MEDICINE AS A CALLING

IF any one contemplating the study of medicine would know beforehand just what it means, what hardships, what tests of courage and physical endurance, what insight into human nature, what opportunities for service to his fellow men, and what real joy and satisfaction in his work are the lot of the true physician, he should read that charming characterization of "The Country Doctor," by Ian MacLaren in *Beside the Bonnie Briar Bush*. Every medical student should begin his professional studies by reading that wonderful tribute to a splendid character, Doctor MacLure, the typical country doctor now, owing to changing conditions in society, unhappily in danger of becoming extinct. The same problems, in a little different form; the same opportunities, in greater or less degree, to earn the confidence and love of the community; the same intense physical and mental strain, in

one form or another, in the service of his fellow men, are common to the city doctor as well as to his country brother, whether physician or surgeon, general practitioner or specialist. Let it be thoroughly understood at the outset that the young man or woman in choosing a vocation in life, who is looking for something easy, something that will afford a good social position without requiring in return the expenditure of any great mental or physical exertion, and that will at the same time yield a good income, should look elsewhere than to medicine for the fulfilment of his or her hopes, for it will not be found here. Success in the profession of medicine is achieved in one way only, that is, by the diligent and continuous employment of "The Master Word," which is "Work."\*

No, there is no short cut, no royal road to success in the field of medicine; there is no such thing as medicine or surgery made easy. There is no trick about it that can be learned in a twenty-lesson course by watching the manual dexterity of some especially skilful operator or listening to some

\* *The Master Word in Medicine*, Sir William Osler, 1903.

clever charlatan vociferously declaim against the old accepted principles of the fathers, or sneer at the newer scientific or so-called laboratory methods. It is easy for the unthinking to be led by such false prophets into believing that anybody can treat a patient or perform a surgical operation; it looks so easy and it seems so simple, as they do it. But do not be misled into the fatal error of supposing that that is all there is to it. It means a long, hard journey, years of close application and study, of mental and manual training, of observation and investigation in hospital, ward, and laboratory, before a man can acquire the knowledge, the experience, the insight, the judgment in sufficient degree to entitle him to the proud distinction of being rightly called a physician or a surgeon, and all that it implies. Says Valentine Mott, than whom were few in his day better qualified to judge, in speaking for surgery more particularly (but his words apply equally to medicine): "We regard those as surgeons, and those alone, who have by conscientious devotion to the study of our science, and the daily habitual discharge of its multi-



farious duties, acquired that knowledge which renders the mind of the practitioner serene, his judgment sound, and hands skilful, while it holds out to the patient rational hope of amended health and prolonged life."\*

There is another side to this question. The inexperienced physician, owing to the lack of proper training and insufficient experience, is often necessarily at fault, both as to his judgment and execution. He is attempting to do something that in the vast majority of cases, and for the reasons above mentioned, he is not competent to do. He is placing himself in a false position before the community and is laying himself open to charges which, in the present enlightened condition of the public, and certainly in some parts of the country, it would be difficult for him to disprove. The thoroughly conscientious man will think twice and go very slowly before allowing himself to be forced into this position. He will hesitate long before being willing to accept the grave responsibilities involved—human life, the health and physical welfare of his patients

\* Quoted by Stephen Smith.

—without thorough and adequate preparation and training therefor.

In order that the student of medicine may safely and satisfactorily survive the discouragements and surmount the difficulties that beset his pathway throughout his entire career in medical school, hospital service, and private practice, he must have that indescribable something within him which is best defined by the good old-fashioned word "calling," a calling, if you will, which exerts such an impelling and compelling force in his life that he must study medicine whether or no, and that would render him unhappy in any other association. Fortunate indeed is he who is the happy possessor of this clear conviction as to his vocation. He is spared the necessity of making the fateful decision, so difficult for many, as to his life-work. To him there is no such thing as professional drudgery, for the spirit of service which inspires and controls him, transforms what otherwise would be toil and drudgery into something high and noble, a part of the necessary training to fit him for his life-work. Henceforth he has been set apart for a peculiar service, that

of his fellow men. His life has been dedicated to this high purpose. It would be difficult to conceive of one not actuated by some such motive surviving the period of apprenticeship study and training preliminary to receiving his Doctor's Degree, or, if he somehow managed to survive that ordeal, to suppose that he ever could experience that feeling of genuine satisfaction and real enjoyment in his work which is so necessary to success. Undoubtedly there are some who when they enter the study of medicine are not inspired by the idea of service, but who are attracted to it by the opportunities which it offers for scientific research and study, good social position, and a fair pecuniary return for labor expended, or possibly by a process of elimination of other callings. But whatever the true reason may be in the beginning, the altruistic nature of the work of the medical profession is so strong that it is usually not long in asserting itself, and henceforth influencing his life and work. It may be stated as a general proposition, however, that unless a young man or woman feels a strong impulse to study medicine, they will

not be likely to succeed in it and had better take up something else. Personally, I should strongly discourage, in every way, the idea of studying medicine by an individual who is considering entering that profession solely through a process of elimination of other vocations. It is a curious fact that a doctor rarely advises his son or daughter to study medicine, but, on the contrary, advises, even urges, frequently against it. One often hears some such statement made as this: "I couldn't myself be happy doing anything else than practise medicine, but I wouldn't want my son to follow in my footsteps." The reason for this is not dissatisfaction with his work or grumbling upon his part against the hardships of his profession, but rather a thorough appreciation of just what those imperative professional demands and hardships mean, and a natural reluctance to have a child of his subjected to the same exacting conditions that he himself has experienced. In spite of this advice, however, one sees and hears just as frequently expressions of satisfaction from the same father when, in spite of discouragement and contrary advice, a son reso-

lutely decides to follow his father's footsteps and devote his life to the practice of medicine. It shows how, after all, in spite of the hard life, irregular hours, and intense physical and mental strain, there is a sense of satisfaction that comes from the personal touch between physician and patient, the ability to render aid and comfort to a fellow man in sore need and dire distress, that more than compensates for all the disadvantages that come with it.

Elsewhere I have endeavored to define medicine as "a profession ennobled by men actuated solely by their desire to devote their time and their talents to the relief of suffering humanity, willing, yes glad, at any time, if need be, to lay down their own lives for those of their fellow men; whose membership should embrace only men of singleness of purpose, unselfish, high-minded, zealous in their efforts to wrest from Nature the keys to her many mysteries; men who, unconsciously perhaps, in character and conduct, reflect in varying degree the life and spirit of the Great Physician; a profession free from taint of commercialism or graft; in which there shall be no room for the base,

the unscrupulous, the ignorant, or the unskilled; in which the test for membership has to do only with character and attainment." Are our ideals too high? Are we striving after the unattainable? I do not think so. Unquestionably all members of the medical profession do not measure up to these requirements. But doctors are only human, indeed intensely so, as a class perhaps more human than any similar group of individuals, because they, from the very character of their work, gain such insight into human nature, and thus come to understand and respect it so well. This is one of the chief characteristics of the true doctor, and one of the crowning glories of a profession, most exacting in its demands upon the time and talents of its members, and, at the same time, offering unlimited opportunities for usefulness in the way of service to humanity. It is this human element, this call to the service of his fellow men, wherein lies the charm that appeals so strongly to the true physician. The joy and satisfaction experienced in relieving the ills and ministering to the wants of humanity more than compensate him for the loss of the larger

social and pecuniary returns that come from other less onerous and responsible vocations. The true physician is supremely happy in his work. He could not be happy doing anything else. Speaking out of his wide experience of the satisfaction that came to him in his work, Doctor E. L. Trudeau, himself a sufferer for most of his lifetime from the great "white plague," and speaking from the standpoint of the physician, says: "To look about me on those whom I have helped in the hour of need and, even though in a very slight degree to have been instrumental in restoring many to health and active lives of usefulness, and to feel daily their gratitude and love, is a joyful heritage indeed, which endures in a world where all else passes away, and which brings some contentment and peace in hours of physical misery and discouragement." In this connection consider the words of Robert Louis Stevenson. His long illness and the resulting need for medical service and his consequent more or less intimate association with medical men, render him peculiarly well fitted to speak from the standpoint of the patient. He says: "There are men

and classes of men who stand above the common herd; the soldier, the sailor, and the shepherd not infrequently; the artist rarely; more rarely still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and, what are more important, Heraclean cheerfulness and courage. So that he brings air and cheer into the sick-room, and often enough, though not so often as he wishes, brings healing." He does the clergymen an injustice, I fear. Perhaps he had been unfortunate in his individual experience with the wearers of the cloth.

Such is the estimate, by one qualified to judge, of the great opportunities offered by the profession of medicine as a career, to a young man or young woman who is earnestly



seeking to decide the all-important question as to what shall be his or her life-work. If the guiding principle is to be service of one's fellow men, then the claims of medicine should be given careful consideration. If, on the other hand, money-making and social or political preferment are desired, one should look elsewhere. While a good social position is always assured the doctor, few are money-getters or succeed in politics. A doctor's training and habits of life do not lend themselves readily to such pursuits.

It is not our object to describe the doctor's life either in too idealistic terms or paint it in too sombre colors. But the young man or young woman who is thinking of medicine as a vocation should have some sort of a clear conception as to what it means before deciding definitely whether or not to take it up. It is undoubtedly a hard life, and a very exacting one, largely because of the nature of the work required of the physician. It is generally regarded also as of a semi-philanthropic character, and hence in a different category from most other professions. For this reason it is not a money-making vocation, since mercenary motives

and practices that obtain in some other professions are considered unethical here, and are frowned down in the best medical circles. Hence it is that while the doctor and his family do not often lack the necessities of life, it not infrequently happens that they enjoy few of the luxuries.

The practice of his profession, aside from the severe physical and nervous strain required in a busy doctor's daily routine, involves not a little personal danger to his own health or even life. How frequently does it not happen that the lay press or the medical journals chronicle the death in line of duty of some medical man who has himself fallen a victim to disease contracted from a patient whom he was trying to save. Especially is this true during epidemics of one kind or another. The recent influenza epidemic was a marked illustration of this melancholy fact. The mortality rate among medical men during that epidemic was truly appalling. Worn out by lack of rest and sleep, long hours and irregular meals, to say nothing of the strain upon their nervous vitality, their resistance lowered, many fell an easy prey to this dreaded disease. In

addition to all these causes predisposing to infection, the very nature of their calling brings them constantly and continuously into close contact with contagions of varying grades of virulence. Happily, nowadays the dangers from this source are not nearly so great as formerly, thanks to a better understanding of the life history of the various infectious agencies and the usual avenues through which contagion is transmitted, more effective methods of disinfection of excreta, etc., and more rigid antiseptic technic. But even so, and in spite of the advances made in recent years, the doctor must of necessity be more exposed than any other individual to the contraction of diseases of one sort or another, and he should weigh well this fact before undertaking the study of medicine as his life-work, for, once he has put his hand to the plough, it is too late to turn back. The truly conscientious physician cannot stop to think of himself, or of the risks involved to his own life. He need not be foolhardy, nor recklessly disregard the ordinary precautions dictated by prudence and common sense, but there are occasions that come to every physician when

the best interests of his patient, some sudden emergency perhaps, some desperate chance to save a life, may require the utter forgetfulness of self and an abandonment of every consideration, save the paramount one of the patient's welfare. When such tests come, and they do come sooner or later to every doctor, it is the glory of the profession that few of its members are found wanting. Hence it is that the average life of the doctor is less than that of the other professions by a considerable amount. But what of that? Better a short life and a busy one, crowded full of service to one's fellow men, than a long one of comparative idleness and unproductiveness. The doctor's family is often more in need of sympathy than himself. He is busy, and, if he is a true physician, he will be absorbed and happy in his work, no matter how strenuous it may be. He soon gets used to his irregular mode of living. He learns to get along with little sleep, but his digestion sooner or later suffers. He frequently acquires the traditional gastric neurosis (most doctors acquire it) and, doctor-like, worries himself sick over it. Not infrequently, sub-rosa, he

tries a lot of silly remedies that he would not recommend to his patients and would be ashamed to have them or his professional brethren know that he had tried. Yes, a doctor makes a poor but very human patient; he is always thinking of the "maybes." He knows enough to appreciate just how little at times an honest doctor knows about disease, its causes and treatment. The possibilities, not the probabilities, command his attention. Then, too, he is not a little influenced in this respect by the wide-spread belief among members of the profession, that if anything out of the ordinary is going to happen it is very apt to happen in the person of a doctor or a member of his immediate family. Remarkable instances of this are familiar to every physician. So it is that the doctor's family, especially his wife, has a pretty hard time. She has to bear the brunt of the irregularities and the vagaries, both of his private and professional life, unless he is fortunate enough to be able to afford a secretary, and not infrequently, even if he is, the wife has to listen to the tales of woe of his women patients over the telephone, in market, at afternoon teas, and

elsewhere. The endless details of the subjective symptoms of the psychoneurotic are retailed to her and not infrequently is she called upon to advise when the aid of the family doctor is sought in the complications that occasionally arise in domestic affairs. In this latter trying situation the wise doctor will soon come to hold in high regard the advice and practical suggestions of his wife, if she is the proper sort.

The doctor is indeed fortunate whose wife is able to adapt herself to his profession, for much of his success will not infrequently depend upon her social and business qualities, her womanly intuition, good common sense, and the ability to control her tongue. There is nothing quite so fatal to a young doctor's prospects as to have his wife discuss the maladies of his women patients at an afternoon tea or over a game of bridge. Most offenses may be forgiven, but this one never. The patient herself may, and not infrequently does, delight (such is human nature) in discussing in detail her physical infirmities and the number and character of her previous operations, and in enumerating the particular parts of her

anatomy that she has lost at the hands of the surgeon. But for the surgeon's wife to trespass upon her prerogative and impart any "inside information," is an unpardonable breach of professional etiquette.

It is a curious fact and one often commented upon that if a doctor has himself been the victim of a certain malady, forever afterward is he more particularly interested in that affection, and more sympathetic toward any one so afflicted. It is a rather fortunate thing, therefore, for a medical man to have had some personal experience with illness, to have himself felt pain. From the standpoint of his patient's comfort and care, there can be no doubt of this. There is a sort of fellow-feeling established at once between the patient and the doctor who has been through the same thing. In this scientific age the tendency is to make light of such things, to look at disease as a problem and the patient as a thing. The former is all very well, but the latter is to be decried in every way. Unless a doctor comes to look at every patient as an individual being, a problem, if you will, but never to lose his personal identity, he will



miss that delightfully intimate relationship existing between the true doctor and his patient. Through this intimate relationship does a doctor come really to know and thoroughly understand his patient. We smile nowadays when the expression is used, which was so commonly heard when speaking of the old family doctor, "He knows his patient's constitution," because he had treated that family for years. But there is not infrequently a great deal in it, especially if, in addition to the knowledge obtained of the physical and hereditary traits of a certain individual or family, one has acquired an insight into the character and knows the workings of his mental processes and his spiritual aspirations. The family doctor is, indeed, in a position to help that individual as no stranger possibly could. The young practitioner should early cultivate the faculty of getting to know his patient, of gaining his confidence, of making him feel that he, at any rate, is interested in him. All this presupposes that upon his part, as his personal physician and confidant, he is fitted by training and knowledge to give him proper professional advice, and



in addition by character and human understanding to prove himself a true friend, competent and worthy to advise him in other matters not strictly medical and not infrequently extremely complex.

Barker has pointed out in a recent admirable address how every physician needs to engage in some activities that merge his own private interests in those of the social order. "When," says he, "deciding what to do and how to do it, there is no better guide than an intelligent grasp of the general social process, for that is most worth doing which most advances this process. Those physicians will do most to promote the general advance who first do the best practical-technical work of which they are capable, and secondly, exert their influence, whenever possible, toward better organization of society as a whole." Then he proceeds to give a list of some of the activities to which a doctor should naturally, in the course of his professional routine, give some time and thought, mentioning especially the promotion of the interest of all in health, wealth, sociability, knowledge, beauty, and right conduct. He sums it all up in this

significant statement: "That physician who does the most intelligently to promote the development, the harmonious readjustment and the fulfilment of human desires in ways suited to the social situation of his time exerts the best and widest influence."

It is a rather interesting fact that medicine seems to be a pretty good training for other careers. A goodly number of doctors have attained eminence in other walks of life. It is a fair question, of course, just how much their medical training had to do with their success along these lines. "Post hoc ergo propter hoc" is not always acceptable as sound reasoning, but the fact remains that, especially along literary lines, the list of names of medical men who have become famous is a long one. It is not necessary to mention them, as the reader will readily recall a considerable number of such, both living and dead. It is also true in public life that many men trained as physicians have subsequently developed into excellent administrators, executives, and politicians. This is not to be wondered at, perhaps, when one considers that a doctor's training and work bring him into such intimate

contact and relationship with people that his special opportunity to study and know his fellow man gives him a point of view that is, as a rule, broader, less hypercritical, more sane and human, than that of any other class of individuals. Since literature is more particularly a mirror or record of human emotions and behavior, it is not surprising that doctors should shine in this particular field, and it is this very human quality, so prominently and faithfully portrayed in the doctors' writings, that gives the especial charm characteristic of many of their works. One has but to consider for a moment the style and subject-matter of the writings of Oliver Wendell Holmes, Weir Mitchell, Conan Doyle, and Sir William Osler for substantiation of this general statement.

## CHAPTER IV

### THE PROBLEM OF DISEASE

"DISEASE looms large in history and has been an ever-present foe of man. Into every ramification of life the insidious enemy thrusts its way. Its influence is reflected in language and literature, in daily forms of greeting and conversation, and in many of the institutions of mankind. Every family has its individual problems in the fight, and the aggregate of thought and effort stimulated and expended against it is inconceivably enormous."\*

In seeking for the answer to the question as to the cause and cure for disease, many varieties of philosophical and other theories have been evolved from time to time. For ages the idea that disease was a supernatural visitation dominated all others, and charms and incantations were used for its prevention and cure. Hippocrates was the first to break away from this belief. By using in-

\*Brem. Unpublished paper.

ductive methods of observation and reasoning, he came to the conclusion that disease was a natural phenomenon. But his teachings did not long prevail and they were finally smothered by the ignorance and superstition of the dark ages. For seventeen centuries no real advance was made in our knowledge of the causes or control of disease. During this period the field of medicine was dominated by the priests and monks, and medical practice, other than by prayer and incantations, was forbidden by the church. Then blossomed forth and flourished healing cults galore, "beside which all our modern attempts are but feeble imitations."

But with the renaissance, the smouldering fires of scientific medicine were rekindled by Vesalius and began again to glow through the darkness. The era of the experimental method was ushered in, and all phases of scientific investigation received a tremendous stimulus when, about 1600 A. D., the philosopher, Francis Bacon, lord chancellor of England, formulated the principle of inductive reasoning. This may be considered the beginning of the modern contribution

to civilization. Through observation of natural phenomena and ingenious experimentation, the careful collecting, recording, and classifying of facts and reasoning inductively from the facts, an enormous growth of all phases of knowledge has taken place since Bacon's time. Research workers in every branch of science began to apply conscientiously and systematically the principle of study formulated, and the results reached their culmination only since the middle of the last century, during the lifetime of men now living.

Medical science has shared not the least in this general enlightenment, and its advancement has been due to the same methods as those of the astronomers, the mathematicians, the physicists, the chemists, and the other scientists. The result has been that the causes of disease have been largely uncovered, they have been removed from the realm of the supernatural, and can now be definitely placed in philosophy beside other natural phenomena.

"The flickering flame of the early renaissance has since been fed by an enormous body of knowledge, and the flame has grown

into a veritable sun illuminating and purifying the darkest places of the earth. Reactionary cults and pseudo-scientific bodies, remnants of a superstitious past and parasitic growths of present greed can cast but temporary shadows over the minds of certain credulous groups of men. The sun of true science cannot again be quenched but will continue to shine with undimmed light and undiminished heat.”\*

From a study of conditions past and present, we must conclude that disease is an antagonist of man that has stimulated his activities throughout the ages, and that the causes of disease are enormous, insidious forces whose unrelenting and pitiless attacks will continue to harass and discipline man until his intellectual, social, and spiritual faculties shall have developed to such a degree that he can overcome these enemies, as primitive man finally overcame the more obvious enemies that endangered his life. The problems unfolded for to-day are sufficiently difficult to test the mettle of an advanced civilization. Take for example, the control of tuberculosis. It involves stupendous questions of sociology, govern-

\* Brem.

ment, and finance. It is a problem to tax the highest intellectual faculties of man, and its solution requires a high degree of intelligence, energy, and unselfishness on the part of individuals and communities, and a thorough system of education. Many similar problems are awaiting solution.

“The knowledge of the causes and means of prevention of disease that has been acquired during the past fifty years is greater than was the sum of all such previous knowledge, and not yet has there been time for it to diffuse through the minds of the masses sufficiently to become crystallized into laws of health. But this diffusion through education must take place before a very successful war against the insidious enemies can be waged. Behind the laws of health there must be an educated and intelligent public.”\*

The medical profession has to do with these problems. Their study and solution offer to young men and young women a challenge to the imagination, and an incentive to engage the attention of the best minds among them.

Scientific medicine represents a mass of

\* Brem.



knowledge, the principal facts of which can only be gained by prolonged study on the part of those whose minds have been well trained already by adequate preparatory preparation. The profession, as it is to-day, is far from a perfected profession. It has its proportion of human incompetents and of members with inadequate training and selfish motives. But even now the duration of training is longer than that in any other profession or trade, and the average efficiency, considering the difficulties encountered, is extremely high. A constant effort is being made to improve the educational standards and to supply better doctors to the community.

“The regular medical profession claims, therefore, the right to the trusteeship of the health of the community by virtue of the fact that it has evolved out of the past and has toiled to master and to add to the mass of knowledge accumulated by its fathers. It claims the privilege and honor of serving, by virtue of the altruism which it has gained through contact with suffering and through the rich heritage of the Christian attitude toward those in distress, a heritage which is

woven inextricably into the spirit of the profession. It claims a just remuneration for its services from those who are able to return payment. For the laborer is worthy of his hire, and it is the spirit of the age that a man shall be self-supporting. And lastly it claims legal protection of the healing art, for such protection is necessary to maintain the elevation of medical standards and to protect the community from reactionary cults and from individual and organized quackery.”\*

The medical profession is not a “school” of medicine. It is a vast protective force, an army organized and recruited for combat with disease and for the preservation and restoration of health. It asks no favors of the public, whom it aims to serve. It seeks no personal benefit, indeed it is constantly working against its own professional interests, to limit the spread and activity of disease. All that it does ask, and it asks it as a right, not as a favor, is that it should be allowed to minister to the needs of the public along well-established lines, unhampered by foolish and reactionary cults and the various societies of the “antis.”

\* Brem.

## CHAPTER V

### REQUISITES FOR SUCCESS IN A PHYSICIAN

HAPPILY the gold-headed cane, the high hat and frock coat, the professional manner and the fine equipage are things of the past as necessary adjuncts to and as indices of the professional standing of the doctor. To be sure, even in this enlightened day and generation they or their substitutes, the limousine and liveried chauffeur and office-boy, and the officious secretary or business agent are affected by a certain class of the profession. It is a most impressive, at times even oppressive, gauntlet that the patient must run before being ushered into the presence of the "great" doctor. Unfortunately it is true that these external factors do carry some weight with a certain class of the public, that particular group referred to by Mr. Lincoln as those "who can be fooled all the time," and who really seem to like it. These mannerisms and external appearances of

prosperity, cultivated for their effect upon the gullible portion of the public, are now looked upon as part of the stock in trade of the charlatan and quack, the badge rather of the prosperous medical fakir than of the educated physician. External appearances, on the other hand, should not be disregarded by the physician any more than by any other profession or class of society, indeed from the circumstances surrounding their contact with their patients and the conditions required by their professional activities, doctors of all people should be none the less scrupulous in their personal habits and appearance than they are in their professional conduct and technic. No patient, whose sensibilities, by the very fact of his or her particular malady, may be overwrought and overactive, wants a physician to enter the sick-room unclean either in body or in linen, untidy in appearance, unshaven or unshorn, his person and his clothing reeking with the odor of stale tobacco smoke, onions, whiskey, or what-not. These things may seem, perhaps, too trivial to mention, but be assured they are not. The patient, from the very fact of being ill, is, for the time being, an

abnormal individual, irritable and hyper-sensitive, and should be treated with every consideration consistent with the proper management of his case, and his feelings and sensibilities should not be in any way unduly offended.

The personality of the physician is a quality which it would be hard to overestimate in its far-reaching effect upon the patient. It is more evident in the relation that exists between the general practitioner and his patients, perhaps, than in the case of the specialist, from the more intimate character of the former, but its effect is quite generally evident one way or another in every case. With the exception, possibly, of the ministry, the relationship between the professional man and his client in all other professions is largely on a business basis. Their problems primarily concern things. Incidentally individuals may be affected thereby. But the problems of the physician have an intimately personal application. The entire energy of the whole medical profession is concentrated with an intensity of purpose that is truly remarkable upon the study of disease, as it manifests itself in the human

body, its cause and effect and its cure. In order to do this and to get at all the facts, the individual must stand before his doctor, man to man, unclothed physically, mentally, and morally, revealing to him as he does to no other mortal, not even his father confessor, the secrets of his inmost soul; submitting his person to the most thorough scrutiny of the physician and to varied tests, physical, clinical, instrumental, and what-not, and without hesitation committing to his keeping the keys of the family-skeleton closet, often with intense relief in sharing the responsibility with another or in shifting the burden to his shoulders. Is it any wonder, then, that the relationship existing between the doctor and his patient should differ essentially from that of any other profession, and that the doctor of all others should possess certain definite qualities of mind, heart, and character that inspire in his patients that implicit confidence so necessary, in order that the highest possibilities of the profession may be attained?

The qualities, then, requisite to success in a physician are already indicated in what has just been said. Integrity, intelligence,

industry—these three are fundamental to success in medicine, as well as in any other walk of life. Add to these certain characteristics of greater or less importance, such as a pleasing personality, tact, patience, love of his fellow man, and one's success in his chosen profession is assured.

It may reasonably be asked just what constitutes success in the profession of medicine. A good many factors enter into it, and much depends upon one's point of view. No definition will be universally acceptable. If we begin with the main consideration and look at it from that point of view, we may, perhaps, be the better able to weigh the question fairly. What, then, is the real reason for the existence of the doctor? It will be generally admitted that the chief function of the medical man is to "take care of sick people." Everything else is secondary to this general proposition. Some may object to this and claim that it is better to prevent people from getting sick than to try to cure them after they have become so. Ready assent will be given to this objection. But in order to arrive anywhere, one must deal with con-

ditions as they actually are. From the very nature of the construction of the human body and the physical forces that surround and control it, disease and decay are inevitable. One can look forward, then, with confidence to the fact that, at least for some time to come, the paramount issue in medicine will be the care of the sick. Preventive medicine has made enormous strides in recent years, witness the limitation and control of certain diseases and the practical stamping out and eradication of others, with the consequent very material prolongation of the average length of human life. Far greater progress in this direction is to be confidently expected in the future as a result of the investigations and study constantly going on in hospital ward and laboratory and in endowed institutions specially adapted for research. Nevertheless, the vital processes in many directions are limited, and in the nature of things it is utterly unreasonable to look forward to the discovery of that fountain of perpetual youth so eagerly sought after by Ponce de Leon and many other sanguine spirits since his time. One of the important departments in medi-



cine will always be the study of methods of prevention of disease; this goes hand in hand with cure. What the physician is unable to prevent, he must endeavor, with all the forces at his command, to cure. But in order to hope to accomplish anything that is at all worth while in either of these directions, certain very necessary conditions must be fulfilled. Chief of these are a study of the phenomena of health and disease and the laws that govern each, in order that each may be recognized and correlated, and the one distinguished from the other—hence the prime importance of a thorough grounding in the fundamentals of the allied sciences of chemistry, physics, biology, physiology, pathology, bacteriology, and so on, before taking up the study of the cause and treatment of disease, for without at least a fair working knowledge of these various subjects many of the phenomena of disease will neither be recognized nor understood.

First, then, of the requisites in a physician, we would put integrity of character, worthiness to be trusted under all the trying circumstances that are inseparably connected with the practice of medicine in all

of its branches. Especially is this true in relation to his women patients, from the very nature of the case of such an intimate and confidential nature. A doctor should so conduct himself at all times in his professional as well as his other relationships that he, like Cæsar's wife, shall ever be above suspicion. And be it said to the great credit of the profession, the great mass of the profession has lived up to its responsibilities and proved itself worthy of the trust so fully and freely bestowed upon it. It is rare, indeed, to hear of an educated, reputable physician who has so far forgotten himself as to take advantage of the opportunities offered by his profession to disgrace himself and cast discredit upon it.

It is a curious fact, which throws an interesting sidelight upon human nature, that a doctor, especially the family doctor, is consulted by his patients about many matters other than those pertaining strictly to health. It is quite essential, then, that the medical man should be well informed along general lines, as he will not infrequently find such knowledge most useful. Frequently in the answers given to questions and the advice

offered, the exercise of great tact and diplomacy are required.

In general it may be said that a physician should, from the beginning of his pre-medical education, cultivate the power of observation of facts, both great and small, no matter how trivial they may appear at the time. He should by all means be a good observer, otherwise he may fail to grasp some essential detail or to note some symptom that may be the key to the solution of the problem that is presented to him. Accurate observation, careful and painstaking record of facts observed, thoughtful and thorough analysis of the data accumulated, correct reasoning and ability to draw proper deductions therefrom, and then the faculty of initiative and the confidence to undertake the measures of relief indicated—all are fundamental factors in the doctor's success.

## CHAPTER VI

### QUALIFICATIONS FOR THE STUDY OF MEDICINE

IT is interesting to note that Hippocrates laid down the following qualifications as necessary in one who would undertake the study of medicine: "Whoever is to acquire a competent knowledge of medicine ought to be possessed of the following advantages—a natural disposition; instruction; a favorable position for the study; early tuition; love of labor; leisure. First of all, a natural talent is required, for when nature opposes, everything else is vain; but when nature leads the way to what is most excellent, instruction in the art takes place, which the student must try to appropriate to himself by reflection, becoming an early pupil in a place well adapted for instruction. He must also bring to the task a love of labor and perseverance, so that the instruction taking root may bring forth proper and abundant fruits."

To the man about to enter upon the study of medicine, or to the medical student, the fundamental aims of medicine should be made very clear, and they should likewise ever be kept in view by the practitioner. As handed down by the fathers from the best traditions of the guild and practised by the best element in the profession, its chief aims are the relief of suffering, the study and cure of disease, and the advancement of knowledge. In return for these services, the financial rewards should afford a decent living income for the doctor and his family, but the standards should be such that the altruistic nature of their profession should never be lost sight of by its members. The attention of all physicians worthy of the name is, therefore, to be directed at all times toward the service of their fellow men rather than the making of money. Hence it is that the tendency of some to demand excessive fees in return for their professional services, no matter how valuable, should be discouraged as savoring of commercialism and tending to discredit the entire profession.

In contemplating the study of medicine

as a life-work, what principles should guide one in determining upon a choice? What is to be the basis of the selection? Is it to be material gain, the acquisition of social position or political power, of fame or fortune, or is it simply the desire to do good, to be of some real service to one's fellow men? This does not imply that one cannot render some service to humanity by the exercise, in a proper way, of any or all of the other properties just mentioned. Many marked instances can be related where individuals possessed of some one or other of these endowments have used them for the greatest benefit to humanity. But they are exceptional cases. Unfortunately, for some reason or other, they are not, as a rule, closely associated in the public mind with altruistic motives or deeds. On the contrary, the profession of medicine, along with those, perhaps, of teaching and the ministry, is especially associated with the idea of service, without hope of any great material reward, but only the reasonable expectation of a good social position for one's family, a fair compensation in return for hard and faithful service, and a feeling of intense

satisfaction that only he who has experienced it can fully know, that comes from personal touch with those who have felt both the need and the comfort, physical and mental, that comes from service rendered and received. The first thing, then, to be done is to decide just what one wishes to do with one's life; how one shall use his one or his ten talents; what shall be the motive dominating his course of action; what shall be his goal. Having finally made this, the most momentous decision of all, the rest is comparatively easy. In making this decision there are several factors to be carefully considered.

In the first place, the life of a successful doctor is a hard one. He is not his own master; he belongs to the public. His own and his family's interests must ever be secondary to those of his patients. His time is not his own. He can never be sure of keeping any but his professional engagements. His hours are very irregular. His meals are interrupted and delayed, and not infrequently missed altogether. His rest is disturbed and broken. He is sent for at all hours of the day and night, fre-

quently entirely unnecessarily, by an alarmed patient or by some over-anxious or over-zealous member of the family.

In the early years of his practice the writer, one cold, snowy winter night was called on the telephone by an anxious young mother, who wished him to come at once to see her three-months-old baby, about whom she was much worried. Owing to the excited condition of the mother, no very satisfactory idea as to the actual condition of the child could be obtained over the telephone. So rather reluctantly, because convinced that there was no reason for his visit other than to reassure an over-anxious mother, he proceeded to dress and respond to her call.

As it was before the days of automobiles, and the street-cars had stopped running at midnight, it was necessary to walk through the snow and bitter cold a half-mile or more to the home of the little patient. Having finally reached his destination, and having been ushered into the bedchamber and finding the baby sleeping peacefully as a healthy infant of that age usually does, he inquired of the mother, now somewhat more composed than when conversing over the



telephone, just what she thought was wrong with the baby and why she had sent for him. Her reply was that indeed she did not know whether or not there was anything wrong with the baby, but it had cried very hard for quite a while after its last feeding, and then had stopped so suddenly and gone to sleep and had slept so soundly ever since that she thought there surely must be something the matter with it. What could one say or do under such circumstances but reassure the young mother that her babe was happily over an attack of colic, a common but not serious malady, and trudge back through the cold and snow to one's bed, musing over the eccentricities and vagaries of human nature and the vicissitudes of a doctor's life?

Unless a man is willing to sacrifice his own comfort and his own interest to those, fancied or real, of another, he has no business in the practice of medicine. "If then," some one will ask, "medicine is such a hard life and its practice makes so many and such insistent demands upon one's time and one's strength of mind and body, why is it that any one is willing to take it up and submit

to all the hardships entailed?" For an answer to this question, one must hark back to the impelling motive in one's life. If it is love of his fellow men, willingness to serve, then none but a life of service such as is offered in the practice of medicine will suffice. He must take up something that offers the opportunity to get close to his fellow; to study his needs; to give him a helping hand when he most needs it; to assist him to his feet again after he has fallen; to encourage him when down-hearted; and to send him on his way rejoicing with a word of hope and cheer. All this and more is offered to the true physician in the practice of his profession. His opportunities for doing good are limited only by his physical ability and his willingness to avail himself thereof. But in order to help him over the rough places, for there are many of them, both in the period of preparation in medical school and hospital as well as in practice, the medical student must have that something within him, that impelling and compelling force, call it what you will, that makes it necessary for him to study medicine and would render him utterly unhappy

and wretched doing anything else. Given this dynamic force—this love of one's fellow man, this desire for service—all hard things are rendered easy and the rough places smooth. Drudgery is transformed into opportunity by the spirit of service, and the self-denial and hardship, and the great responsibilities so inseparable from a doctor's life become the crowning glory of his profession. The real man does not want an easy job; he rejoices in difficulties to be overcome; in problems to be solved; they but add zest to his efforts. The doctor, especially the general practitioner in the rural districts, is apt to be a real man. He must be, the very nature of his work and the demands made upon him tend to develop the best that is in him and go to make him resourceful and self-reliant.

But great as are the demands of his profession upon the physical resources of the true doctor, those made upon his mental and spiritual forces are greater still. Particularly is this true of surgery. Here, in truth and in deed, does the surgeon hold the life of his patient in his hand, and no one appreciates the full significance of this re-

sponsibility quite so well as the honest, conscientious surgeon. Loss of sleep, broken rest, irregular meals, long hours, all have their effect sooner or later in impaired digestion, premature gray hair, a disturbed nervous system, shortened life. But few, comparatively, are disabled by hard work. Overwork as such has a low mortality rate. It is worry and responsibility that kill. The feeling of responsibility is very great, in the first place, in the matter of decision. What is the proper thing to do in this particular case, to operate or not to operate? If the former, what form should the operation take, simple or palliative, or radical and capital? Then in the matter of technical execution of the operation, which of several methods should be employed? Then, am I capable of doing this particular operation in the way I know it should be done, or, in justice to the patient, ought I to refer him to another and more competent surgeon? Then after the operation is done and over, and, for some reason or other, the patient isn't doing as well as he might, one begins to get a bit worried and to go over the operation in his mind step by step,

in order to find some possible explanation for existing conditions. These disquieting thoughts come to every conscientious surgeon to disturb his rest and cause untold worry. Happy and fortunate indeed is that surgeon or medical man who does not take his cases to bed with him, but who can, when he lies down to sleep, drop his worries for the night and take them up the next morning where he left off. Many times, of course, these anxieties do not arise, as fortunately nowadays surgical skill and technic have reached such a high stage of development that one approaches a surgical operation with far more confidence and assurance than formerly. But even so, when one is dealing with human life, as a medical man constantly is, one comes to appreciate the absolute necessity for attention to every detail in technic, the slightest infraction of which may at times be fraught with the most serious consequences. When one is dealing with dollars and cents, as is the case in a business venture, or where it is some other commodity, as is the case in almost every other walk in life except medicine, one may entertain a reasonable hope to re-

coup on some succeeding venture what one may have lost in the preceding one. But when a mistake is made in medicine and surgery, who pays the price, sometimes with a life? No, in dealing with matters pertaining to human life, or even human health and happiness, there may be, and not infrequently is, no comeback. Small wonder, then, that the doctor's worries and responsibilities are different from those of others, and more far-reaching in their effect than ordinary ones. Here is where the quality of equanimity, so indispensable in a doctor, shines forth so resplendently as it does in the person and character of certain members of the profession that one has known, both living and dead. It is a quality to be cultivated beyond all else, a jewel without price, the possession of which will do more to make a doctor's life complete and bearable than any other quality he can possess. Fortunate indeed is the happy possessor of it in full measure.

Of late years there has been brought about, also, a great increase in the requirements for preliminary medical training. This fact has introduced another element of difficulty into the case. This is due

almost entirely, as pointed out by Doctor Welch, to the fact that the college curricula in this country have developed and expanded with little regard to the needs of medical education. It becomes, therefore, with a few notable exceptions, a matter of increasing difficulty to couple up with any great degree of logical sequence the respective curricula of the colleges and the medical schools. This is especially emphasized in the scientific branches by the great improvement in the laboratories. "Nothing could be more remarkable than the development of laboratory work in connection with our medical schools during the last quarter of a century. Probably in our stronger medical schools, that development has gone about as far as it can go, and it would be unreasonable to expect more time to be devoted to it than is now given."\*

The report of the Council on Medical Education and Hospitals, made at the annual meeting of the American Medical Association held in Boston, June, 1921, contains much information interesting to the prospective medical student. Some of the

\* Welch.



more important practical points contained therein are here summarized: The advancement in modern medicine during the last forty years has been so great in both the diagnosis and treatment of disease that the practice of medicine has been revolutionized. Forty years ago the practice of medicine was a comparatively simple matter. A general practitioner with good training, and with little in the way of instruments and equipment, such as he could carry about with him from house to house in his saddle-bags or in his doctor's buggy, could give to his patients the benefit of the medical knowledge of his time. To-day the practice of scientific medicine requires much more. It requires the services not only of the general practitioner but also of specialists trained in limited fields of diagnosis and therapy. It requires extensive plants, equipment, and appliances, clinical laboratory facilities, X-ray laboratory facilities, and equipment for employing diagnostic and therapeutic measures in the office, in the clinic, and in the hospital. It requires an extensive public-health organization to secure the benefits of preventive medicine.



There are really two classes of medical men—the product of this complex scheme—the general practitioner and the specialist. The general practitioner is, and probably will always remain, the most important single factor in the practice of medicine. As a necessary corollary, then, the most important function of our medical schools is to train well-qualified general practitioners. Every other function must be held subservient to this. The specialist is, or should be, a later and more highly developed product of the graduate department. The more widely and deeply are the foundations laid in the allied sciences and the fundamentals of medicine, the higher and better can the superstructure of specialism be built upon them. It is an open question whether or not our modern medical schools are doing the best by their students. Formerly the clinical departments were exploited and developed, while the laboratory subjects, so-called, were neglected. The trend of development of modern medical education has reversed this position. To-day the laboratory subjects are being glorified, while in the opinion of some competent authorities at least the

clinical subjects, if not neglected exactly, are not being given the emphasis due to their relative importance in the practice of medicine. In other words, the modern tendency of medical education is toward the training of specialists rather than general practitioners. This is not the time nor the place to discuss medical education, but there is sufficient in the modern tendency to cause a good deal of apprehension and unrest in the minds of many medical men who have very much at heart the welfare of the public as well as their profession. "There is and there can be but one science of medicine. It cannot be subdivided into specialties; it is not limited to the eye, the heart, the stomach, or the ovary, but covers the entire body in health and disease. The art or practice of medicine, on the contrary, can be and has been very properly divided into a number of specialties, and with sound reason. The practice of medicine has become so extensive that no one can master all its details. The division of practice into specialties enables one to devote intensive study to a limited field in which he can become expert in the use of special instruments

and measures employed in diagnosis and therapy, and by intensive research add to our knowledge of the diseases of that field. There are, however, great dangers in specialism. Unless specialists have a broad training and experience in general medicine as a foundation, they are not safe practitioners. They are apt to limit their observations and therapy to the findings in their special fields, and to overlook other abnormalities in the individual, which may be the essential cause of his illness. The narrow specialist may do a great deal of artificial and unnecessary work, and if uncontrolled, may become a menace to his patients and to sound medical practice.”\*

The only safe and satisfactory way, either from the standpoint of the patient or the practitioner, is first to get as broad a training as possible in the fundamentals. The better general practitioner the would-be specialist is to start with, the better specialist will he ultimately become.

Another glaring defect in medical education is the lack of adequate general supervision over so-called specialists who set

\* Report of Council on Medical Education,

themselves up as such without adequate training. Investigation has shown that certain physicians, after inadequate study, a short graduate course of a few weeks at some post-graduate school, for instance, set themselves up as specialists. It is interesting to note that a general plan of graduate training for specialists was submitted by the Council on Medical Education at the last meeting of the American Medical Association. The idea is to try to establish some minimum requirement for each of the specialties that must be fulfilled before one will be entitled to practise as a specialist in any of the recognized departments of medicine.

A remarkable decrease in the number of medical schools has taken place in the United States during the past fifteen years. In 1906, there were 162 institutions in this country in which medical instruction was given, and which were empowered to grant medical degrees. At the present time (June, 1921) there are only 84 such institutions in existence, and it is quite likely that 3 of these will not reopen next fall, which will reduce the number of medical schools in this coun-

try by exactly one-half in fifteen years. This phenomenal state of affairs has been brought about largely through the closure of schools of low grade, and also through the combination of two or more schools situated in the same city. Meanwhile, the entrance requirements have increased in all of the schools until now, with few exceptions, all require two or more years of collegiate work in addition to a high-school education. This increase in entrance requirements is an index also of the improvements that have taken place in other respects, until now the educational standards of medical schools in the United States are at least on a par with those of other countries which, unfortunately, has not been the case hitherto. The number of medical schools also which, from the standpoint of teachers, equipment, laboratory and clinical facilities, are comparable to the best schools abroad, is steadily increasing. An interesting situation is also revealed in this report of the Council on Medical Education with regard to medical students. In 1904, under the general low standard of medical education that existed at that date,

the total registration in medical students in that year was 28,142. This was the maximum enrolment in any year before or since. At that time, the supply of both medical schools and students was abnormally large. Directly corresponding with the rapidly increasing entrance requirements, and the marked reduction in the number of medical schools just referred to came a sharp reduction in the number of medical students. In 1919, the minimum of 13,052 students was enrolled in the various medical schools. This was a reduction of over 50 per cent in fifteen years. A considerable part of this reduction in 1919 was due undoubtedly to the effect of the volunteering or drafting of medical students during the war, but the main reason, as indicated above, was the increased requirements for entrance and for graduation. Since this date, however, there has been a gradual but steady increase, as shown by the actual enrolment of 14,088 for the year 1920, and incomplete reports give an estimated enrolment for 1921 of 14,850, which shows that students are being prepared and are beginning to fulfil the increased entrance

requirements. It is interesting to note that while the number of students in the various medical schools was 28,142, there were only 5,747 medical students graduated, a very high rate of academic mortality among the students. The lowest number of graduates was also in the year 1919, 2,656. This number was increased in 1920 to 3,047, and an estimate for the year 1921 places the number at 3,350. At the same time, it is interesting to note that the percentage of graduates from medical schools rated by the American Medical Association as "Class A" has increased from 64 per cent in 1913 to 88 per cent in 1920, and that the percentage of graduates from "Class B" colleges has decreased from 24 per cent in 1913 to 5 per cent in 1920, and from "Class C" colleges from 26 per cent in 1913 to 5 per cent in 1920, a most gratifying showing with regard to the elevation of medical standards in this country.

It will be interesting to note that of 4,532 medical students enrolled in the first year class in 76 of the 84 medical schools, 24 per cent were between the ages of seventeen and twenty; 47 per cent between the ages



of twenty-one and twenty-three; 22 per cent between twenty-four and twenty-seven; 7 per cent twenty-eight years or over. There were 3,206, or 71 per cent, under twenty-four years of age. This indicates that four years later, on completing their medical course, 3,206 students will be from twenty-four to twenty-seven years of age, while 1,326, or 29 per cent, will be twenty-eight years of age or over.

In this connection it is interesting to note that of these 4,532 students, 2,472, or 55 per cent, presented in addition to a four-year high-school education two years of premedical college work; 1,059, or 23 per cent presented three years of college work, and 1,002, or 22 per cent, presented four years of college work, or had obtained degrees. It would be very interesting to compare this record with that of the educational system of any of the other professions. It would go a long way to establish the claim that medicine has become the learned profession. Add to this the years of hospital service, at least one of which in an accredited hospital is required by many States before one can begin the practice of his profession,



and the claim has been pretty well established.

The important advances in medical education and extensive improvements in medical colleges outlined above give encouragement to the hope that before very long the entire output from the medical colleges will be limited to physicians thoroughly qualified as regards both preliminary and professional education.

In recent years, however, the progress in the elevation of standards of medical education and licensure has been menaced by the efforts of certain cults, the more aggressive of which have been the osteopaths and chiropractors. Under the claim that since they did not use drugs or perform surgical operations, they were not practising medicine, the so-called healers have succeeded in securing legislation in a number of States, providing for separate boards of examiners, or special clauses in the medical laws, permitting them to practise and exempting them from those educational qualifications which regular physicians are required to possess. Through their central organization, also, these cults are carrying on a syste-

matic and persistent campaign of advertising in order to create public sentiment in their favor. The medical profession is the only organization which is in a position to expose the fallacies of their claims and point out their lack of the essential knowledge and training required for any intelligent care of the sick. This is why much of their advertising is devoted to efforts to discredit the medical profession. The only logical and effective argument against them and the only reason for the medical profession bothering its head about them is their lack of training in the modern methods of diagnosis, treatment, and prevention of disease. Such good as there may be in the character of treatment they employ will in no way be reduced if those using such methods are first required to possess the educational qualifications which will make them safe practitioners of the healing art.

One of the interesting and inexplicable peculiarities of human nature is that so many people who are perfectly sane and sensible about other things are so utterly unreasonable and foolish when it comes to

questions relating to their physical well-being. They will so frequently fail utterly to apply the same law of reason and common sense that they unhesitatingly apply in other relations in life to matters that concern their health and bodily functions. They will so often go chasing after strange gods and for a time worship ardently and devotedly in any so-called temple of hygiene, no matter how bizarre or absurdly constructed it may be until (and here is where the pathetic side is presented to the intelligent well-trained physician when he is finally consulted) it is often too late—the curative stage of their malady having passed—and nothing remains to be done but the application of palliative measures.

It is an interesting psychological study, this willingness of so many individuals to be fooled. Indeed, it seems often to go beyond this, since many of them seem to like it. Attention has been called to this fact many times in history. One reason for it in medicine is undoubtedly due to the fact that reputable physicians are prevented by their code of ethics from advertising in any form whatsoever—while, on the other

hand, the chief stock in trade of quacks and medical fakirs, and of the different cults, is advertising in various forms, the more striking and attractive the better for their purposes. A great tribute to the value of advertising is furnished by the crowds that frequent the offices of certain well-known medical charlatans and the number of patrons of certain popular drug houses, dispensers of "favorite prescriptions," proprietary cure-alls, and patent medicines. The medical profession has no quarrel whatever with otherwise intelligent persons of adult age who prefer to consult an ignorant quack and take his nostrums in preference to the advice and treatment of an educated and competent physician after a thorough examination and diagnosis of his case. This is a free country and one can do as he pleases in a matter of this sort, and the individual injury to his own health resulting from faulty medical treatment or lack of any at all, as in faith healing and Christian Science, except in the case of communicable diseases, is a matter that concerns himself and his family. But the chief danger to society from these cults—osteopathy, chiropractic,

Christian Science, etc.—and the various “antis”—anti-vaccination, anti-vivisection, etc.—which is really the only reason for paying any attention to them at all, is through their efforts to break down medical-practice laws and the confusion that they are causing in the medical licensure.

It is a self-evident fact that no one should be authorized to treat the sick by any method unless he has had a thorough training in the fundamental medical sciences. No one should be granted “limited licenses.” When a patient in an emergency calls a doctor, he needs one who is competent to use whatever remedies or methods of treatment the particular ailment requires. These essentials are not provided in a practitioner who is neither qualified nor legally authorized to practise medicine in all its branches. The legal error was made when the cultists were authorized by legislation to practise under limited licenses. We know of no parallel to this in the medical-practice laws of any other country. “In each State there should be established one educational standard, administered by a single licensing board by which every one

who is authorized to practise the healing art shall be required to prove that he has secured a satisfactory training in the fundamentals of medicine. Furthermore, osteopathic and chiropractic colleges and all other healing cults should be inspected and classified in accordance with the same standards now being applied in regular medical schools, and by the same boards which pass on these medical schools. This is now the case in Indiana. In some States the osteopaths are required to take the same comparatively easy examination that is required of physicians, but they are not required to have the same preliminary qualifications which all physicians are now required to possess. What the medical profession has a right to demand is a square deal and equal qualifications for all, and that there shall be no discrimination favoring any individual or group of individuals who are engaged in practising the healing art. It is highly desirable that all legislation affecting the practice of medicine in the future shall support the present reasonably high standards of medical education for which, in the last fifteen years, the vari-

ous agencies interested in medical education have successfully striven.”\*

The accepted American standard is now a four-year high-school course, at least two years premedical college work (some medical schools now demand a full college course with an A. B. or other equivalent degree), a four-year medical curriculum, and a year's internship in an approved hospital. This forms as high a medical standard as that which obtains in foreign countries.

The educational qualifications necessary for the study and practice of medicine have thus been gone into fully in order that the prospective medical student may have some intelligent and fairly adequate idea as to just what he is getting into when he undertakes the study of medicine. It means years of preparation, of close application and study before a physician is able to meet his patients with that degree of confidence and assurance in his ability which comes only with thorough knowledge of disease in all its protean manifestations, and which is only acquired by familiarity with it from close association and study in hospital ward

\*Report of Council on Medical Education.



and laboratory. Thus only will he be able to treat it properly in whatever form it may present itself.

I have quoted thus extensively from the recent report of the Council on Medical Education of the American Medical Association (1) because it is the authoritative mouthpiece of the medical profession; (2) because there seems to be so much misapprehension in the public mind, due largely to the extravagant and erroneous statements of representatives of the various so-called healing or drugless cults with regard to the objects and extent of the legislation that has to do with the regulation of the practice of medicine and the educational qualifications necessary thereto; (3) because the educational qualifications of a practitioner of medicine are fundamental to his success in the practice of the healing art. Nay, more than this, they determine whether or not he is a real benefit to society or a menace to the community in which he lives and practises his particular science or art, for by just so much as he is ignorant of the fundamental laws of health and disease, and, regardless of this fact attempts



to treat sick people, by just so much does he constitute a grave menace to society and should be made, before proceeding further on his course, either to conform to certain standards that have been set up by the combined knowledge and experience of those competent to judge of such matters, or he should be summarily suppressed.

The great difficulty that constantly confronts the medical profession in its altruistic efforts to protect the public against its own folly in matters of public and private health is the ignorance and apathy of those most vitally concerned. It is a curiously anomalous position in which the profession finds itself, all the time working against its own interests, in trying to secure proper legislation, to induce unwilling legislators, against great pressure from hostile sources, "drugless cults," patent-medicine concerns, the various societies of the "antis" and the like, to pass uniform and just laws to protect the public health and to control the practice of the healing art, and to keep it in the hands of those who by education and training are alone competent to deal with the many and complex problems involved.

## CHAPTER VII

### PRELIMINARY TRAINING

THE question is often asked by prospective medical students, "How can I best arrange my college schedule to be of most benefit in my medical course?" In other words, "What should I study in college to prepare me best to study medicine?" This is a most difficult question to answer, as so many factors are involved, but the cultural rather than the utilitarian idea should prevail. From a practical standpoint, the ideal way may be impossible to many, because of the expense involved, both in the matter of time and money. Most individuals who study medicine are poor to begin with. Many of them are largely, or entirely, dependent upon their own exertion for a livelihood. It is clearly impossible for these, without assistance from some source, to continue their medical studies indefinitely. Some medical students have others dependent upon them, still others are

anxious to marry, having early become engaged. These are some of the more common and potent reasons why many of those who study medicine are either unable or unwilling to spend a great deal of time in preliminary preparation for practice.

The present-day requirements for entrance into "Class A" medical schools, graduation therefrom, and license to practise medicine are so stringent and time-consuming of themselves as to create a growing tendency to cut down as far as possible the preliminary preparation. This is shown by the recent action of several of the best medical schools in making a degree in arts or science no longer necessary for admission. In general, it may be said that "a sound liberal education without too strict thought of utilitarian purpose, including the application to medicine, should be advised."

Unquestionably this is the ideal preparation for medicine, just as a thorough grounding in general medicine is the best preparation for any of the specialties. The entrance requirements to the best medical schools now make it necessary for a student to have at least two years of college work, including

a reading knowledge of French and German, and, in addition, a considerable amount of chemistry and physics. While the requirements are not uniform in all medical schools, it is highly desirable from every standpoint that the mental equipment of the prospective medical student should not fall below this standard. The better the preliminary education the individual has, the better chance he will have to occupy a position of influence in the community in which he lives. He will also be able to do better professional work, and will derive more pleasure and satisfaction from it. Unfortunately, for the reasons previously stated, it has been found necessary to shorten the preliminary preparation, and to telescope the Arts and Science courses into the medical course. The so-called preliminary medical courses advertised in many of our universities are the result.

From a utilitarian standpoint, this development is a good thing. It certainly tends to shorten the length of time required in which to secure a license to practise medicine, which is a boon to the poor man. Even with this material shortening of the course,

the average man will be twenty-five years of age, or over, before he can begin the practice of his profession and so earn his own living. In most of the States, at least one year in an accredited hospital is now obligatory before license to practise medicine is granted. The longer the time spent in a good hospital service, the better; it affords the best possible training and is simply invaluable.

## CHAPTER VIII

### MEDICAL EDUCATION

IN discussions of this subject one hears considerable difference of opinion expressed with regard to medical education. We are in a transition period, and there is great unrest and uncertainty in medical circles throughout the entire country. The storm centre just now is about the question of the so-called "Full-Time Teaching" in the clinical branches. This is not the place to discuss this much-vexed question; suffice it to say that with the general proposition, namely, that the head of a clinical department should give his principal time and attention to the direction of the work of that department; teaching the students, research, care of the patients, etc., every one is in hearty accord. When, however, it comes to the arrangement of important details—the control by the institution of the entire time of the individual; the practical limitation of his sphere of activity to the

institution; the amount of salary he should be paid, etc.—there is room for wide difference of opinion. Then, too, there is lack of unanimity of opinion with regard to the effect that this method of teaching may have upon the product turned out by the medical schools, namely, the young doctors. Fears have been expressed lest there may be developed the institutional type of doctor, thoroughly trained scientifically, but deficient in the more human qualities that are so necessary in dealing with individuals, especially in their homes. The older methods of education rather stressed this aspect of the question. What is wanted is a happy combination of the two, by all means as much of the science and art of medicine as the student can assimilate, but a judicious balance between the clinical and scientific, in which the human element is given due consideration. It is an interesting experiment and time will determine its practicability and value in the several institutions into which it has already been introduced. Meanwhile, the introduction of certain changes in long-established customs, no matter what the ultimate outcome, will

likely result in lasting benefit to medical education by calling general attention to its shortcomings. Especially is this true with regard to the effect of increased requirements for entrance into and graduation from the medical schools. These in turn have apparently had a marked effect upon the supply of medical men available for rural communities. From every rural section of the country comes the same cry with ever-increasing intensity: "Send us doctors. We want good ones, of course, but we are not so particular about them as we should like to be because of the great difficulty of getting any at all." The doctor cannot be blamed for not wanting to go to the country. But what is to become of the people who live there? They must be taken care of. At the present moment, no satisfactory solution offers. Shall we have two grades of medical schools, as advocated by some, or will the woman physician solve the small-town and country problem of the future? There is something to be said in favor of the second-grade medical school for training the general practitioner of medicine. Much objection is at once raised against this



proposition as a step backward in medical education. But, as President Cleveland once said upon a famous occasion, "We are confronted with a condition and not a theory," and something must be done to remedy it. At the present time not nearly enough physicians are being graduated to supply the demand of the entire country, and the majority of these are going to the cities and large towns, and the rural districts are all the time becoming more deserted as the old doctors die off or become superannuated. Women are going more and more into medicine. They are well fitted for general practice, especially among children and their own sex, whose maladies, perhaps, make up the bulk of general practice. Women are more willing than men to do the routine drudgery that belongs to a general practice and to accept smaller pecuniary returns therefrom. Then, too, in these days of good roads, the automobile and the telephone, social changes of all kinds are constantly taking place, town and country are being brought closer together, and it is not beyond the bounds of possibility that the comparatively near future may show very

marked changes along these lines. Country people can get to town to visit the doctor more readily than formerly. Nurses, for the same reason as the doctors, do not like to accept cases in the country. It is quite natural that they should not. The comparative isolation, increased difficulties and distance of transportation, separation from their friends and amusements, etc., all combine to render the country less attractive than the city, especially during the winter months. Then, too, the question of remuneration is most important. After spending three years in training, the nurse naturally expects to be able to make a good living and have some of the comforts, if not the luxuries of life. Are we to have two grades of nurses' training-schools, those for training teachers of nurses and those for training nurses to take care of the sick in general? It looks now as if the general trend were in this direction. There are, on the one hand, not enough nurses, as it is, to supply the demand and, on the other, the rates charged are so high as to make it prohibitive in many cases to secure their services. The doctor is so dependent upon the nurse for the

proper care of his patient that a satisfactory answer to these questions becomes of the highest importance to him, as well as to the patient.

The modern tendency all the while is for the sick to go more and more to hospitals for treatment, which is a good thing. But it will be a long time before the bulk of the general practitioner's practice will change from the home to the hospital. One potent reason for this will be the matter of expense. The average patient cannot afford to be ill in a hospital. It is a luxury quite beyond his means, even in these extravagant days. With the cost of a private room in the hospital, the expense of one or more trained nurses and various incidentals, to say nothing of the doctor, who always comes last on the list, few can afford it.

In passing, let it not be forgotten that the practice of medicine among patients in hospitals is one thing, and practice among patients in their private homes is in many essential respects quite another. It will be a sorry day, indeed, for the profession and for humanity when those characteristics of the traditional family doctor, which so en-

deared him to his patients and made him such a power for good in his community, are supplanted by others, even if of more highly intellectual development. The two are not incompatible and medical education is quite capable of readjustment sufficient to allow the development in proper proportion of those qualities of both head and heart which go to make up the well-rounded physician who, while attempting to diagnose and cure bodily ailments, is not unmindful of those mental maladies which so distress the soul and without an understanding of which complete relief to the afflicted will surely fail of accomplishment.

If there is one quality that my thirty or more years of professional experience has impressed upon me as of the utmost importance in the medical man, no matter whether in city or in country practice, a general practitioner or a specialist, it is that he should have a heart. Courtesy of manner and kindness go a long way toward establishing that basis of mutual understanding and confidence so important in the diagnosis and treatment of many conditions, especially that large class of func-

tional neuroses which are the natural prey of the faith-healers and the quacks. The world to-day is sick, suffering grievously from war wounds, not only those that preceded and led up to the war, but those that followed it as a natural result. What it needs is not physic; neither science nor the healing art can cure its wounds, nationally and internationally, individually and collectively, but only the application of those principles taught by the Great Physician, "Love thy neighbor as thyself," "Do unto others as you would have them do unto you." What is true of a nation is true of individuals. Kindly sympathy, friendly and not necessarily always professional advice or warning, and personal interest are of greater actual value to a large class of patients suffering from real or supposed maladies than pill or potion. Get and keep their minds at rest, and the ever-present and powerful "*vis medicatrix Naturæ*," with slight assistance from the doctor, may be confidently relied upon to complete the cure.

It is all a question of relative values, of where the emphasis is placed that deter-

mines the character and trend of medical education in an institution or a country. Whether one should place the greater emphasis upon research and the development of investigators, or whether the chief object of a particular school or the system of education in vogue is to produce well-educated practitioners of medicine, thoroughly grounded in the fundamental sciences and well trained in the art, is largely a matter of individual opinion. Certain it is that at the present time there are marked differences to be found among men whose opinions carry weight in the educational world. The chief function of a medical school is to train doctors, but they should be trained to observe and think so that they are not compelled by defective education and training to follow the beaten paths, but, when occasion offers, are capable of making excursions into as yet untravelled fields, with the occasional result of some valuable contribution to medical science. The curricula of the medical schools and the teaching in the various departments should be so adjusted as to give to each subject its proper relative importance without placing undue emphasis

upon one item to the detriment of another. This readjustment tending toward the restoration of a proper balance in the curricula of medical schools is certainly much to be desired. The pendulum is swinging wide just now. Presently it will stabilize itself with the result that the surcharged atmosphere now surrounding medical education will have been considerably clarified by the passing storm.

## CHAPTER IX

### THE CHARACTER AND FUNCTION OF THE MEDICAL SCHOOL

AFTER a young man or woman has finally decided to devote his or her life to the study and practice of medicine, the next question to be decided is what particular medical school to attend. It may even be advisable not to spend one's four years in the same medical school, but to divide one's time between two of them, taking one's hospital service in still another medical centre. There is much to commend this plan. Through it one comes to have a wide circle of acquaintance with men and methods of work. One's mental horizon is broadened, since one is not so prone to look at things through one pair of glasses. On the other hand, there are certain obvious objections to the plan which render it far less popular than the original method. While to many



apparently intelligent and even educated people all diplomas look alike, yet it does make a difference to a discriminating public what school name a doctor's diploma bears. Even the absence of one is no bar to the practice of medicine in the minds of some, more is the pity, but it is they who suffer from their own foolishness in failing to discriminate between the good and the bad in medical practice.

In selecting the medical school to attend, considerable care should be exercised. What is to be the basis of this choice is a very pertinent question. Formerly the fame of a single great teacher was enough to crowd any school with students. Undoubtedly something was to be gained from this mass enthusiasm attendant upon a crowded and interested auditory, from the stimulus received from the personality of some genius of a professor; but, important as were these two factors in former times, it came to be recognized that there were many and glaring defects in the system of proprietary medical schools as then existed. Reforms were, therefore, instituted and the whole system of medical education in the

country underwent change. To-day the task of deciding upon a proper medical school is a comparatively easy one. Thanks to the work of Mr. Abraham Flexner in connection with the Carnegie Foundation, and later that of the Council on Medical Education of the American Medical Association and the Association of Medical Colleges, practically all of the so-called proprietary or independent medical schools, with little or no equipment, have been driven out of existence. This type of school has been gradually supplanted by the newer idea, that the medical school to be really effective must be an integral part of a university. This means that university ideas and ideals must be carried into and largely control the policies and teaching of the medical school. This idea has now become so fixed in the lay as well as the professional mind that no other type of school can expect further material support from the public. Fortunately, at the present time, any one of a dozen or more schools scattered throughout the country and connected with well-established universities is prepared to give to the student an excellent

training in medicine. There is little difference between those in the front rank, and the choice as to which one of these to enter may well be determined by circumstances. Doctor Welch has directed attention to the fact that among the more important causes which have led to the great change that has taken place in the character of medical education in the past twenty-five or thirty years is to be mentioned the great advancement in medicine itself. "It has become apparent that in order to teach modern medicine, the appliances of the early days, consisting of scarcely more than a lecture-room and a small chemical laboratory, were insufficient to fulfil requirements. In a word, the advancement and development of medicine in itself required an improvement in the methods of teaching medicine. Various factors have been at work and we are now in a transition period."\*

The whole idea of medical education is undergoing rather radical revision along certain lines—so much so that there is some danger of losing our proper orientation. The matter, however, is just now the subject of

\* Welch.

much thought and discussion in the medical world, and no doubt much good will ultimately result therefrom. Meanwhile it is well to keep constantly in mind just what the real function of the medical school is and what should be the basis upon which the curriculum should be built. These principles have been very clearly defined by Doctor Welch as follows: "The fundamental object of medical education is to make good doctors. Without question that should be the underlying conception in all schemes of medical education, and unless a given course of study bears on that training, it should have no place in the medical curriculum. It has been stated, and accurately so, that it is impossible to impart the entire content of medical and surgical science to the student. One cannot even impart the content of a single subject of the curriculum. The utmost to be expected is to give to the student a fair knowledge of the principles of the fundamental subjects of medicine and a power to use the instruments and methods of his profession; to give him the right attitude toward his patients and his fellow members in his pro-

fession; and, above all, to put him in a position to carry on the education which he has only begun in the medical school. Our aim, therefore, should be to put him in a situation to complete his education through the remainder of his life. With that point of view in mind, we cannot hope, therefore, to teach the student the entire contents of the science of medicine. The student cannot go out a trained practitioner, a trained pathologist, a trained anatomist, or a surgeon. Looked at from the point of view of knowledge alone, he has only a smattering. The training of his powers and methods of study are the important things. He should be put in a position to continue his own education.”\*

After all, the best thing that medical education can do for a medical student is to infuse into him what Sir Thomas Browne has so quaintly and aptly characterized as the “philosophic spirit.” It is the spirit in which a man does his work, that dominates and directs him in every part of it, that really counts, and not the success as judged by ordinary standards. “There is a philosophic spirit which is far more valu-

\* Welch,

able than any limited attainments in philosophy and the cultivation of which, therefore, is the most precious advantage that can be derived from the lessons and studies of many academic years, a spirit which is quick to pursue whatever is within the reach of human intellect, but which is not less quick to discern the bounds that limit every human inquiry and which, therefore, in seeking much, seeks only what man may learn; which knows how to distinguish what is just in itself from what is merely accredited by illustrious names; adopting a truth which no one has sanctioned and rejecting an error of which all approve, with the same calmness as if no judgment were opposed to its own, but which, at the same time, alive with congenial feeling to every intellectual excellence and candid to the weakness from which no excellence is wholly privileged, can dissent and confute without triumph, as it admires without envy, applauding gladly whatever is worthy of applause in a rival system and venerating the very genius which it demonstrates to have erred." \*

\* *Religio Medici*, Sir Thomas Browne.

The school that aims to cultivate most assiduously this spirit in its students comes nearest to fulfilling the proper function of a medical school.

## CHAPTER X

### THE GENERAL PRACTITIONER

THE question is often asked by young medical students just about to leave the medical school, or graduates just finishing their internship in the hospital: "Where would you advise me to practise?" My invariable reply to this question is, "Wherever you prefer to live." One has only one life to live and he had better spend that where and in whatever way he would be happiest, provided always that in so doing he pays due regard to the welfare and interests of others. The above answer is further developed and qualified by the advice to strive to fit himself by training and study to do at least one thing better than any one else in the community in which he lives. By legitimate professional advertising, such as reading papers, writing articles, and by taking part in the discussion of a particular topic or kindred subjects in the medical society meetings, finally



—and it usually is not long—the profession, and then the public, begin to understand that he knows more about this particular subject or disease than anybody else in that region. Then his professional reputation is made and his grateful patients and doctor friends will do the rest and spread his fame far and wide. It is a fact quite well established in the commercial world, namely, that if a merchant offers for sale good reliable goods, no matter of what particular variety, at a fair price, he will always, sooner or later, find buyers. This principle holds equally good in the professions. If a doctor is better trained, gives better service, and gets better results with his patients than his brother practitioners in the neighborhood, he will ultimately make a reputation for himself and get the bulk of the practice. There are exceptions to all rules, and now and then one may find a charlatan or quack, or some other ignoramus, who has so effectually hoodwinked and deceived the gullible public by the time-worn tricks of his trade as to fill his office with patients, to their own great loss both in money and health and to the detriment of the educated, com-

petent physician. But sooner or later in these enlightened times the medical fakir gets found out. Real merit cannot remain long unrecognized.

There is no limit to one's activities or opportunities in medicine. It all depends upon the man, upon his ability, his industry, his integrity, his ambition, his willingness to do the thing that comes to his hand, to follow a lead slowly, carefully, painstakingly until at last he has arrived at some pinnacle of knowledge as yet unscaled or has discovered some truth hitherto unknown.

The possibilities offered to the earnest young man or woman for doing good to one's fellow man, for adding something to the sum total of human knowledge, for contributing to human happiness and efficiency, are truly fascinating and unsurpassed, if indeed they are equalled by any other calling or profession. He will do well to consider them carefully before deciding upon his career. As pointed out so well by Doctor R. C. Cabot,\* medicine uses all

\* *Training and Rewards of the Physician*, J. B. Lippincott Company, Philadelphia, 1918.

human power. "Medical work is more prone than any work that I know to engage all the resources of a human being. It calls out all our powers. Although in one sense medicine is a specialty, in a more important sense it is a profession which can use the whole of a man as no other profession can." "A physician's eye cannot be too sharp, his powers to seek and to find cannot be too well trained for the work that he has to do with the microscope or the scalpel."

"If one has any desire to go to the bottom of things, to be thorough instead of superficial in one's dealings with man, fate, and nature, then medicine gives one an unparalleled opportunity for the development of such powers.

"If there is any power that a doctor does not need in his business, I do not know it. If there is any man who can say with earnestness that he 'counts nothing human foreign to him,' then surely medicine is the job for him, the path along which he can find the goal of his desire. For nothing human is foreign to the work of a doctor, not the lowest or the highest in our nature,

not the best nor the worst, the most realistic and minute, not the most scientific and permanent. All these summon the physician to stand upon his feet and make his contribution before he dies. All contribute to his reward.

"The physician is the child of his age. Such an opportunity as a great painter had in the Renaissance or a great musician had in the early years of the nineteenth century, a physician has to-day. The scientific and mechanical, the utilitarian and practical eagerness of our age, finds an outlet in him. But the deeper and more permanent hungers of the human race, the search for truth and to spread it, to love and serve our fellows, and to know God, also find their natural expression and development in the practice of medicine. It brings few to fame and renown. It is hard work, never finished in any eight or eighteen hours a day; but its rewards, as I see them, are beyond those of any other profession."\*

\* Cabot.

## CHAPTER XI

### COUNTRY VERSUS CITY PRACTICE

IN deciding as to his future career, between that of a general practitioner either in the city or in the country, or taking up a specialty of some kind, the medical student should take into consideration several things. The personal qualifications of the individual are of prime importance. If there is one characteristic more than another needed in a general practitioner with a country or even a small-town practice, it is that of self-reliance. He must, of necessity, stand upon his own feet; he must know something of all branches of medical practice; he must have a speaking acquaintance, at least, with all the medical and surgical affections common to his neighborhood. Furthermore, whether or not he possesses these prime requisites of a doctor of medicine, he must act. When a patient presents himself with no matter how obscure an affection or however difficult to handle, something must be done.

If a man's tastes are rural rather than urban, the career of a country doctor will naturally appeal to him. It is probable that, for obvious reasons—greater opportunity and necessity, as well as preference—the majority of men, and women especially, will, for the present at least, settle in the city rather than the country. It is equally true, however, that the relatively greater difficulties in getting an immediate start in the city will probably deter a number from going there who otherwise would. But when one balances the relative advantages and disadvantages of the one against the other, in these days of the automobile and good roads, which have practically revolutionized practice in the country, there seems little to choose between the two in the matter of general practice, so far as the doctor himself is concerned. It is different, however, with his family. The attraction of town and city life, better schools, the lure of the movies and social conditions generally weigh to such an extent that there is grave danger that the country doctor, the counsellor and friend of the family, may become extinct,—that is, the type portrayed in literature, and

which many of us from past associations have pictured in our minds.

The life of the country doctor is a rich and varied one. There comes into my mind as I write the picture of a country doctor of the old school whom, in the earlier years of my life, it was my privilege to know. His practice covered a radius of twenty miles or more in a typically rural district; in those days, before the automobile, a large area, and he knew every part of it. He covered this district always on horseback. He was an excellent horseman and his horses were of the best blooded stock. He was fond of fox-hunting and was noted for his skill as a rider and huntsman. He preferred to ride by night, choosing by-paths and short cuts, not bothering to follow public roads or to stop to open gates, taking fences and ditches at a leap. He seemed to know every individual, black and white, in his district, calling most of them by their first names and having brought many of them into the world. He was consulted upon all matters, public and private, and not alone professional, from politics and religion to the most becoming

color of ribbon on the baby's new bonnet. All advice was given and suggestions made in the same kindly and interested way. A sympathetic hearing and helpful and cheering answer were assured to all persons and all queries. He early became engaged to a young and beautiful girl in the neighborhood and the wedding-day had been set. Shortly before it she received a severe fall and suffered an injury to the spine from which in those days there was no known cure. As a result of this injury she became bedridden for the rest of her life, a period of over forty years. During all these years he remained constantly faithful, a devoted lover. Every day up to the beginning of his fatal illness, with few exceptions, due to the exigencies of his practice, he found time from his busy life, by day or by night, to ride the four miles which separated his home from hers, to bring her a flower or a book, some little token and a word of cheer for her loneliness. Meanwhile he was giving his life and all that he had to the constant care of his fellows in that community, gradually growing old and feeble in their service, and for all this he was never known to send a bill to



any one for professional services rendered. Small wonder, then, that at his funeral, which was one of the most impressive experiences of my life, held in the quiet country churchyard just at sunset (his one request) of a beautiful autumn day, there was gathered an outpouring of people from the entire countryside, such as had seldom been known before. The manifestations of grief and loss upon all sides were so spontaneous and genuine that one could not but feel that that community had lost its best friend and felt the loss most keenly.

It was the natural and universal thought and desire to show in some small measure their deep appreciation of their beloved physician and faithful guide and counsellor that prompted that community to erect, by popular subscription, a plain, unpolished granite shaft, indicative of the character of the man, upon which was inscribed these words:

“THIS SHAFT IS ERECTED BY AN APPRECIATIVE AND GRATEFUL COMMUNITY TO STAND AS AN ENDURING MEMORIAL OF A NOBLE LIFE ADORNED WITH SERVICE AND CROWNED WITH LOVE”

I could not but contrast this scene with another, perhaps the most impressive that it has ever been my privilege to witness, of pomp and ceremony, surrounding the funeral services held not long ago over the body of another doctor whose name is a household word in at least two continents; who, by his great work in the control of malaria, yellow fever, and other tropical diseases, has saved untold lives, rendered habitable large portions of the earth's surface, and made possible the completion of that colossal undertaking, the Panama Canal. It was my privilege to be present at the wonderfully beautiful and impressive services held in Old St. Paul's Cathedral in London, in honor of that great physician, splendid character, and brave soldier, Major-General William C. Gorgas, Medical Corps, United States Army. The signal honor accorded his memory, and the recognition of the value of his work by the English King and people were well deserved and will long be remembered by a grateful profession and nation. But who shall say which of these two great men (for each possessed in his character and illustrated

in his life, in different ways, to be sure, and in different measure, the elements and qualities of true greatness) is the more worthy of praise and emulation? Each in his own sphere accomplished a great work; each was faithful to his trust—the one limited to an obscure country community, the other world-wide in its extent, its influence and effect lasting for all time. The career of the former lies open to many, for the one-talent man is far more numerous than the ten. Many doubtless can by emulating the example of the country doctor build monuments for themselves in the lives and hearts of their patients, which is far better than marble shafts or tablets of bronze. The latter career lies open to comparatively few. But the point of the whole matter is this: to be faithful in the few things or the many, to use well the one talent or the ten, to use to the greatest advantage to humanity what one has; and then, in the final reckoning, it matters little whether one may be classed in the one group or the other, one will have left mankind one's debtor and will have made the world a better place for having lived therein.

## CHAPTER XII

### INDUSTRIAL MEDICINE AND PUBLIC HEALTH

A COMPARATIVELY recent development which has opened a new and very attractive field to the doctor is "Industrial Medicine." Much interesting work is being done in the way of preventive medicine by more careful supervision of physical conditions surrounding the workers in various trades and factories where the employees are, from the nature of their work, rendered more liable to certain diseases or accidents. The science of hygiene and sanitation are just awakening to great development and expansion. We are on the eve of wonderful discoveries and forward movements in these directions. A thorough survey of the environment in which workers live and an exhaustive study of conditions under which they work are necessary in order to determine satisfactorily the circumstances contributing toward ill health and accident.

These studies, together with social-service activities, are being greatly encouraged at the present time by many employers of labor since it has been abundantly demonstrated already that the increased efficiency resulting from good health and freedom from unnecessary home cares and anxiety, avoidance of fatigue, and other unhygienic conditions and surroundings more than repays the pecuniary outlay necessary to secure it. Hence it is that medical men have come to pay increasing attention to matters of this sort and quite a medical specialty has been developed in consequence.

Enough has been accomplished to demonstrate that there lies in this direction a most fertile field for development and research which only awaits the intelligent efforts of well-trained and earnest young men in order to yield boundless returns from their efforts. The services of competent young men at good salaries are in great demand by corporations of all kinds in order to supervise the physical activities of their employees and their families.

Public health is becoming more and more

an object of interest not only to the profession but to the public itself. Public opinion is being enlightened and aroused in a way never before known and legislation making toward a better condition of affairs both in town and in country is all the while becoming more easy to secure and more sure to be enforced. New opportunities are being constantly created for useful, even distinguished careers for the young medical man who enters this department of public service. Schools of hygiene and sanitation where special study is made of all these problems in their widest aspect and application are gradually being established throughout the country and large sums of money are being donated for this purpose. A most attractive field in which to labor is here presented to the ambitious young doctor, much of which will be pioneer work, offering great opportunities for original investigation and research to those so inclined. This affords a particularly attractive field to young women anxious to embark upon a career of usefulness to society and of interesting possibilities for themselves.

## CHAPTER XIII

### GROUP MEDICINE

It will be a sorry day for humanity if the type of general practitioner, the family guide, philosopher, and friend ever becomes extinct. The world and society in general will be the loser. He may not know so much medicine; he may not be able to recognize and call by name many of the rarer and more modern differentiations of disease conditions, but he has something that the individual needs and that nothing else quite supplies. Certainly that modern development known as "group medicine," important as it is, does not quite fill the bill. This recent development, however, has come to stay. It has arisen to fill a need recognized and felt by the profession more keenly than by the general public. The inability of any one man to become conversant with all the advances in medicine in its various departments, or to acquire sufficient skill

in all branches to do justice to his patient, has compelled the conscientious doctor to call in the aid of the specialist. This latter genus has multiplied so rapidly in recent years, and a thorough physical examination has at the same time become such a formidable and complicated affair that the services not alone of one but of many specialists may be required before a complete and comprehensive examination and diagnosis can be obtained. Hence it is that both the necessary amount of skill and labor involved in making a diagnosis and in the subsequent treatment, combined with the expense incident to the services of the specialists required, render advisable some sort of team-work that may at the same time reduce the cost within the means of the patient. In response to this need, "group medicine," or the "diagnostic clinic," as some prefer to call it, has arisen. It is simply a development of the idea of the division of labor and specialization of function applied to modern medicine. This idea has been tried out in various quarters for some time past. Experience has shown that it is capable of high development and



may be productive of most satisfactory results.

On the other hand, as in most things, there is the possibility for great harm and injustice to the public from combinations of unscrupulous individuals to exploit the sick, especially the large class of neurotics, for their own pecuniary advantage. The young doctor should not start out with the idea of joining any such combination as this, but should aim in every way to secure as broad training as possible in the laboratory and clinical sides of medicine before he thinks of specializing. Let him become as proficient as possible in all departments before determining what, if any, specialty will engage his attention. The particular specialty chosen will usually depend upon a natural aptitude or liking for some one particular line of work or study, or one may be drawn into it by an especially good opening in that direction. One should be very sure that there is sufficient opportunity to develop in the special direction considered before finally deciding to take it up. Certain specialties are comparatively narrow and limited in their scope, and do not af-

ford a sufficiently wide field for great development. It is a mistake to confine one's activities to too narrow limits. It tends after a while to make one feel that he knows all about his particular subject, which is a bad mental attitude; it contracts his mental horizon, makes him one-sided and kills initiative. The medical student should never think of the subject of a specialty, and the young practitioner would do well to consider well and long the question, and perfect himself in the fundamentals of his profession, before deciding to concentrate his energies along any one particular line.

## CHAPTER XIV

### SPECIALTIES

THE consultant or the specialist, in order to be in truth what he is in name, will arrive at this stage of professional development only through hard work, close application and study, and wide experience. Anybody can set up to be a consultant or call himself a specialist. Unfortunately, there are those who assume these high stations without adequate preparation and training; and more is the pity, there is no power at the present time to stop them. The specialist who is really what the term implies must have as the basis of his specialty, whatever it may be, a preliminary training in general medicine and surgery. He must also have some knowledge of the allied sciences and of the other specialties in order to be able to take a comprehensive view of the special case presented. Otherwise he, of necessity,

cannot progress beyond the narrow and provincial view-point. He sees all of his cases and problems through the same pair of spectacles, and hence must often fail to grasp the true situation, to the great detriment of his patients' best interests and the discredit of the medical profession.

Every educated physician will agree that any one who is considering taking up a specialty should first devote himself to laying the broadest possible general scientific foundation upon which to build that specialty. The more general medicine a surgeon knows, the better diagnostician will he become, and the better able to decide which case should be transferred to the surgeon and which may safely be trusted to the "*vis medicatrix Naturæ*," supplemented by what assistance the doctor can render. Furthermore, the more that one specialist knows about the other specialties, the better will he be able to differentiate his cases.

Some subjects may justly be entitled to be set apart for special consideration and study because they are relatively so detached from other anatomical structures and physiological and pathological problems

as to form, in a way, a province by themselves. Such, for instance, are the eye, ear, nose, and throat, the surgery of the brain and nervous system, etc. There seems, recently, perhaps, to be too great a tendency toward overspecialization and the creation of a lot of purely artificial specialties by still further subdividing those already existing. This tendency upon the part of the profession should be combated as narrowing and limiting to too small a scope one's intellectual and professional activities. That a reasonable amount of specialism is rendered absolutely necessary by the ever-increasing range of knowledge due to new discoveries and widening spheres of professional activity, none will deny. One head can no longer contain all medical knowledge. But specialism and specialties must be controlled in some way and be subject to proper examination and supervision by competent authority, if the best interests of the public are to be conserved. Efforts are already under way in the various special departments of the American Medical Association to correct these abuses and to establish certain standards of efficiency to

which all who aspire to practise these specialties must conform, and results are confidently expected in the near future.

One feature of specialism that attracts is the fact that one can ordinarily control one's time better than when engaged in general work. Then, too, the hours are not so long and the pecuniary returns, as a rule, are better. There is an additional attraction to the lazy man in that the more limited the special field, the less does it require wide study and reading in order to attain a reasonable degree of proficiency. So it is that while theoretically the specialist should represent the highest type of professional activity and attainment, and, generally speaking, he does, yet not infrequently the reverse is quite true, and a rather narrow type is the result. The relationship that exists between the specialist and his patient is never quite the same as that between the general practitioner and his patient. It rarely attains the same close and confidential character as that enjoyed by the family doctor. The bulk of the work of the specialist is office practice. He does not come into contact with the

patient in his home. His work is thus kept on a more strictly business basis and loses much of the intimate personal nature enjoyed by the general practitioner.

## CHAPTER XV

### EXPERIENCE

SIR WILLIAM OSLER has very well said that the value of experience is not in "seeing much, but in seeing wisely," and he never said a truer thing. Experience, to be of any real value in medicine, must always be coupled with judgment. It is valuable to the physician to have seen many cases only when he has observed them carefully, treated them properly, and wisely interpreted their lessons. Otherwise, this wealth of experience may but serve to confirm the practitioner in his faulty premises, preconceived opinions, and questionable procedures. How often is it observed that some ignorant fellow, lacking in sufficient training and in all the essentials requisite to good scientific work, evolves out of his untutored mind some wild, half-baked theory or rule of practice based upon inaccurate observations and unwarranted deductions therefrom. Because Scotchmen are gen-



erally supposed to be a hardy race, and because oatmeal is one of their chief articles of diet, it does not necessarily follow that oatmeal possesses unusual excellence as an article of diet. May it not be rather be taken simply as an additional evidence of the hardiness of the Scots that they can thrive upon such a diet?

Experience improperly interpreted may become a source of real danger. Instead of a professional asset, it may become a liability. How often in the course of the history of medicine has it not happened that some foolish fad or fancy founded upon somebody's misinterpreted experience, backed by the weight of sufficient authority, has dominated medical thought and controlled medical action through long periods of time, to the detriment of progress along rational lines and to the injury of those so treated! Experience, in the true sense of the term, does not come to all with increasing years nor with widening opportunities. His accumulated experiences are of value to the physician only in so far as they are correctly interpreted. They may become a source of positive harm if they are improperly under-

stood or applied. Indeed, the larger the experience that one has had, that has been misunderstood or improperly interpreted, the more dangerous does that physician or surgeon become, for his judgment will eventually be so vitiated and warped thereby that in his mind right may become wrong and wrong right. This condition of affairs may be observed in almost every phase of life, in politics, in law, in medicine, even in theology. What of the various "isms" with which the history of medicine is punctuated? What of certain political and theological dogmas that have from time to time held temporary sway in our own and other lands? All founded upon false theories, the result of a misconception, an improper interpretation of facts, real or imaginary.

Shakespeare whose wonderfully accurate observation entitles him to be heard upon almost any subject, has this to say: "Experience is by industry achieved, and perfected by the swift course of time." How very true! The same idea is, in a measure, conveyed by the adjective most often employed in describing the individual whose

experience is such as to entitle him to be heard and his judgment to a measure of respect above that of his fellows, namely, "ripe." The medical man who by his industry in seeking out additional opportunities for observation along all lines pertaining to his profession, by his painstaking accuracy, by his time-consuming thoroughness, by his careful attention to irksome routine and detail, both in examination and record of his cases, and by burning the midnight oil in the study of the recorded experiences of others, and in mature reflection upon those of his own, has at last, his judgment mellowed like ripened fruit, become "perfected by the swift course of time." He it is who has in truth "by industry achieved" experience and a sound judgment.

"In the investigation of any subject concerning which we regard ourselves entitled to a judgment, not only should we seek as wide a range of observation as is possible concerning the facts upon which we found the judgment, but we should acquaint ourselves also with what other men have thought and written upon the subject. This is to be done not that we may slavishly

acquiesce in their judgment, but that by a critical examination of all that is known and reported we may be the better able to defend our own position, or the more reasonably to modify or to abandon it, as the case may be."\*

One's experience is of benefit only when the observations upon which it is based are made with care and accuracy. The facts thus collected, when compared with other similar facts gathered elsewhere under like conditions and studied in their proper relation to each other, begin to assume some importance. When a sufficient number of observations have been accumulated and recorded, and their significance compared and checked up with the observations of others made under similar conditions, then, and not until then, does the experience begin to be of real value. Isolated, unconfirmed, and uncorroborated observations may be of value in the way of suggestion and thereby aid in developing new lines of thought and progress, but are of little value in determining policies of action or in deciding most questions of pathology, diag-

\* Hibben.

nosis, or treatment. The main result of wide experience along any line is to be observed in the development of one's mental capabilities, increasing one's powers of observation, thus giving an insight into things otherwise obscure and providing a greater "breadth of view, which is of the very essence of wisdom."

## CHAPTER XVI

### ETHICS OF MEDICINE

A HIGH standard of honor carried into our relations with each other is but another name for "medical etiquette," a subject of much mystification to the public and not a little misapprehension as to its true significance among members of the profession itself. But it is simple enough. If one would only take the trouble to analyze it, one would find but an adaptation to professional needs of the time-honored Golden Rule, "Do unto others as you would have them do unto you." There are all kinds of people attempting to treat human ailments and diseases by all manners of systems or cults. The methods of advertising the supposed virtues of these various so-called schools of healing, the brand of morality and ethics of those who practise them, and the systems themselves are seldom above reproach. They have existed from time

immemorial and will continue to wax and wane as long as human nature is as it is, as long as people ordinarily sane and sensible about other things continue to act as foolishly as they do about matters pertaining to their health. Medical ethics or etiquette sprang into being as an attempt to protect the public from the practices that are a very important part of the stock in trade of the charlatan and quack and which are neither modern nor original. History abounds in records of medical fakirs and sharks, and the rise and fall of their silly systems and theories of medicine. While in special instances, perhaps, overconscientious or too zealous members of the profession have been led into error by the too literal interpretation of certain provisions of the code of medical ethics, every profession must have its own code of ethics, and every individual member of the profession must have his and must live up to it, if a well-ordered social fabric is to be maintained. Unless the spirit of the Golden Rule in some measure prevails, society will soon relapse into a state of barbarism. Without going further into details, suffice it to say that

medical ethics is an important and fundamental element in the education of a medical man, and without an adequate appreciation of its importance or a thorough conformity to its standards, a doctor may become instead of a blessing a veritable curse to a community.

The code of ethics recognized by the medical profession and governing its conduct to-day had its origin in the famous Hippocratic Oath, dating back to approximately 400 B. C. and which, because of its interest and importance, is here quoted in full. "For twenty centuries this has been the 'credo' of the profession, and in many universities it is still the formula with which men are admitted to the doctorate."

I swear by Apollo, the physician, and Æsculapius and Health (Hygieia) and All-Heal (Panacea) and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation, to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by



precept, lecture and every other mode of instruction, I will impart a knowledge of my art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous.

I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion.

With purity and with holiness I will pass my life and practise my art.

I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work.

In whatsoever houses I enter, I will go to them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and, further, from the abduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men in all times! But should I trespass and violate this

Oath, may the reverse be my lot!—(Adams, 11, 779, *cf.* Littré, IV, 628.)

Small wonder that a profession that subscribes to such an oath should be both idealistic and altruistic. It is the proud boast of its members that its spirit, as well as its letter, is the guiding principle in the lives of all true disciples of Æsculapius. Altruism in its highest and best sense is the professional watchword.

In the last analysis, the code of medical ethics means simply this—that one doctor wants to be very sure that in all of his dealings, both with his patients and his professional brothers, he follows implicitly the spirit of the Golden Rule.

## CHAPTER XVII

### CRITICISM OF ONE'S COLLEAGUES

A DOCTOR, more perhaps than any other man, will need in the practice of his profession a greater variety of talents, more diversified skill and attainment than a member of any other calling. He will be called upon to give advice in a wider range of subjects and must exercise all of his senses to a greater degree, perhaps, than any one else. It so happens, then, that a doctor is usually a well-rounded man. There are comparatively few narrow-minded members of the profession, and they are confined mostly to the specialties. He is very human, as a rule. He must be, to succeed at all in his profession, for an intimate knowledge and understanding of human nature is essential to success. Then, too, charity is one of the chief characteristics of the average doctor—not in its limited sense of almsgiving—although most physicians are generous to a degree. It almost amounts to a fault in some, and not infrequently their

families are the sufferers therefrom. If anything is calculated to make a man criticise another less severely or judge his fellows less harshly, it is a thorough knowledge of all the facts in the case and a complete understanding of all the extenuating circumstances. The true doctor soon learns that it never does to pass judgment upon any other man's or woman's conduct either in general or in particular, unless he knows all the circumstances in the case. It is so seldom that he or any one else does know them all that he is not long in coming to the conclusion that it is better never to criticise another's actions harshly. The young doctor will do well, early in his career, to learn thoroughly and well the lesson that it is best never to criticise any one. Particularly is this true with reference to criticism of another doctor, especially to a patient who has reported some action or word of his, because so often, with the best of intentions, the particular incident may have been misrepresented or misunderstood. Much harm may thus be done to a perfectly innocent brother, and a doctor's life is hard enough under the best of conditions, without the addi-

tion of any unnecessary burdens. A physician's first duty is always and under all circumstances to his patient. Every other consideration is secondary to this. But in protecting the rights of the patient, it is seldom necessary for one physician to criticise unfavorably the acts of another. He may often do what is necessary without taking occasion to comment unfavorably upon the action of his professional brother. Let it be distinctly understood, however, that when the exigencies of the occasion demand it, and when for any reason the welfare of the patient or society is to be conserved thereby, there should be not the slightest hesitation upon the part of the medical attendant to do the thing that is indicated, no matter how disagreeable—in other words, assume and defend the position required by the best interests of his patient. No word or deed should be omitted that is calculated to benefit the patient, and neither fear nor favor should influence his actions or deter him from following the course dictated by his better judgment, if he would retain his own self-respect and live up to the best traditions of his profession.

## CHAPTER XVIII

### ALTRUISM IN MEDICINE

THE spirit of altruism has ever pervaded the profession of medicine, and has exerted a dominating influence upon the lives of its practitioners. The statement of the Great Physician, "I came into the world not to be served, but to serve," has ever been the motto of those worthy to be called physicians. There are many wolves in sheep's clothing, trying to force themselves into the fold, many ignorant and misguided individuals practising and teaching false systems of medicine and strange and unfounded doctrines as to disease, its causes and treatment, whereby many have been deceived and much injury to health and loss of life have resulted. Much of this sort of thing is due to gross ignorance of the commonest and most fundamental facts of anatomy and physiology, of health and disease. This explains much that one sees

and hears along this line, but it does not excuse it.

The character of a doctor's work takes him out of himself a great deal. Most doctors are altruistic in their outlook on life rather than egotistic. As a general characteristic, they are unselfish rather than selfish; broad-minded as distinguished from narrow-minded. They are optimists rather than pessimists. They must be so. They could not carry on their work satisfactorily if they were not. They could not bring the atmosphere of cheerfulness and hopefulness into the sick-room if they did not experience some of it themselves. The average doctor has a rather broad outlook on life. He comes into such intimate contact with it, in all of its phases, that he unconsciously absorbs some of the spirit. Most doctors are lovers of nature, because they are dealing largely with the operation and effects of natural laws. Many of them are true philosophers. One can learn much from association with the average doctor, especially the country doctor, listening to his observations, keenly made and often originally expressed. Then that delightful

association between the doctor and patient, which is one of the privileges and compensations of a doctor's life, cannot be overestimated. There is nothing quite like it. The implicit confidence, the entire dependence that is placed upon him by his patient, while appalling to him at times, from the very abandon with which they are bestowed, especially by his women patients, are nevertheless stimulating to the highest degree to the best that is in him. Small wonder, then, that the doctor occupies a position quite different from that of any other individual.

Then there is another opportunity offered to the doctor which appeals strongly to young men and women of bright and inquiring minds, namely, the opportunity to contribute something to the sum total of human knowledge. Medicine offers an unlimited field for investigation. Many problems of absorbing interest and of the utmost benefit to mankind are yet awaiting solution. New and attractive vistas are all the time opening, beckoning to eager investigators and urging them to greater endeavor along many lines. To the ambi-



tious there are countless opportunities, not only to make science and humanity their debtors, but to have their names inscribed along with the other immortals who have, by their painstaking investigation and ceaseless effort, materially advanced the boundaries of knowledge. In a recent article by President Vincent, appearing in *The Forum*, and entitled "The Passing of the Country Doctor," is given a rapid but comprehensive review of the underlying causes for the fact which has occasioned considerable alarm in the minds of thinking people, namely, that the rural districts of the country are at the present time not adequately supplied with well-trained medical men.

The rise and development of the modern medical school is sketched since 1870, when the best medical schools in the United States had no requirements for entrance save ability to pay the stated fee, the course of instruction consisting chiefly of lectures and recitations given by busy practitioners covering only two short terms. It was some years later that Harvard introduced the innovation of entrance-examination requirements. In 1893, Johns Hopkins Medical

School was organized on a basis of laboratories of anatomy, physiology, and pathology. Thus the essential features of modern medical education were worked out. The necessity for a broad preparatory training was established. The reduction in the size of classes in order to keep within the available resources of equipment and personnel; the association of the medical schools with teaching hospitals and dispensary, the placing of greater emphasis on the laboratory sciences and finally the full-time teaching staff, both in the clinical as well as laboratory subjects, have been evolved.

Along with these changes certain others have been evolved as necessary corollaries, namely, greater demands on clinical teachers, the increased length and cost of medical education, diminution in the number of doctors graduated, overcrowding of the curriculum, the introduction of new subjects, such as preventive medicine, etc. As a natural consequence of all this trained physicians who have been compelled by the changes referred to, to spend so much time and money in their training, are unwilling

afterward for various reasons to go into the rural districts and submit to the necessary hardships and more or less isolation which are inseparable from country residence. Hence it is that at the present moment medical education is in a very unsettled condition. The wisdom of the plan as it has been worked out and as at present in operation in certain centres has been sharply questioned by many able practitioners who are convinced that the innovations will do harm rather than good. It is too early yet to draw any definite conclusions. Time and wider experience will determine the relative value of the various developments. It is an undoubted fact that the length and cost of medical education constitute a very serious problem. At the present time, the average age of the graduate from our medical schools is twenty-five years. He is then compelled to serve an internship in some hospital for at least a year. Comparatively few doctors are making a satisfactory living before the age of thirty. The cost of medical education is placed, depending on circumstances, somewhere between five and ten thousand dollars. That the diminution

in the number of well-trained doctors throughout the country is a real cause for concern, every one will admit. At the present time, the number is still decreasing, but it seems probable that in the near future a gradual increase may be reasonably expected. But the demand still far exceeds the supply.

As has been indicated, a still more serious problem is the geographical distribution of doctors. The rural districts are being constantly stripped, and, while the urban districts are better off, they are not as yet overstocked. Several factors are recognized as contributing largely to this unequal distribution. In the first place, of course, the hardships and isolation which are necessarily associated with a country practice. But perhaps more potent than this is the necessary separation, under existing conditions, of the country doctor from the benefits and assistance of laboratories and hospitals which modern medicine demands as a *sine qua non* for effective diagnosis and treatment. As it is now, the vast majority of country doctors are isolated from these necessary resources. As yet, no satisfactory

solution of these problems has been arrived at. Various experiments and proposals have been suggested, among which may be mentioned diagnostic pay clinics, health centres, community hospitals, etc. None of these wholly meet the requirements and are not without obvious objections. The multiplication of small hospitals in the country would appear at first sight to solve the problem, but any one who is at all familiar with hospital management will recognize at once the difficulties and dangers of this plan. A hospital improperly manned with unskilled staff and inefficient management, instead of being a benefit, is in danger of becoming a real menace to the health of the community in which it is located. The objections to this plan, while not insuperable, are of such a character that until the supply of trained clinical and laboratory men becomes sufficient to meet the demand, it is clearly not feasible. A more practical suggestion, but one which appears to some to be a step backward, is the development of a type of medical school not so advanced as some of the present "Class A" medical schools, but, still, sufficiently advanced to

give a shorter and more intensive course of training to a class of men with a high-school education, who would be willing to go into the country and outlying districts and take the place of the rapidly dwindling ranks of the country doctor. If some remedy is not found in the comparatively near future which will help to relieve the present unfortunate situation, the country will be overrun with an army of charlatans, quacks, and representatives of the various so-called "healing cults."

## CHAPTER XIX

### THE HUMOROUS SIDE OF MEDICINE

A DOCTOR'S duties are a strange mixture of the pathetic and the humorous. He is not infrequently called upon to laugh with those who laugh and to weep with those who weep. Happy is he and thrice fortunate who cannot only smile with those who smile but can find something to smile at now and then when a smile may relieve a very trying situation. The doctor without a well-developed sense of humor is to be pitied.

In human experience tragedy is not far removed from comedy, and the humorous and pathetic are not infrequently in close relationship. No one realizes and appreciates this fact more than the doctor. Fortunate is he who can see the funny side of things serious. It often relieves an otherwise trying situation. The writer was once consulted by a lady dressed in the deepest mourning. Examination and the history of her trouble both strongly sug-

gested the presence of gall-stones and the advisability of a surgical operation for their removal. When this opinion was stated to her as tactfully as possible, she, with clasped hands and tear-filled eyes, in pleading tones exclaimed: "Oh, doctor, doctor, do not tell me that! You know I have just become a widow and I do so want to live." Not having had the pleasure of the acquaintance of the lately deceased husband, the writer was unable to surmise whether it was a happy release or other prospects that inspired the strong desire for continued existence.

Upon another occasion a maiden lady of uncertain age consulted the writer with the history of having received a serious fall, from the effects of which she had since suffered considerably. She seemed exceedingly nervous and for some unexplained reason was evidently greatly embarrassed and distressed. With some difficulty and the exercise of as much tact as he possessed, the writer finally succeeded in developing the fact that her chief trouble was located in one of her knees. It was then suggested as diplomatically as possible that it would



be impossible to treat satisfactorily the injured member without inspection and examination. After a painfully embarrassing pause, she produced from beneath the folds of a cloak which she wore a hitherto carefully concealed package wrapped in brown paper which, after some hesitation, she proceeded slowly to unwrap, revealing a girl doll-baby completely clothed. Then, cautiously lifting the hem of the skirt, she exposed a portion of the doll's bared knee and, pointing to a definite spot, remarked: "There, doctor, is where I have hurt my knee." Long training and due regard for the lady's feelings enabled the writer, with the utmost seriousness, carefully to inspect the doll's knee and prescribe therefor. Apparently the vicarious treatment resulted satisfactorily, or perhaps it was the fear of subsequent examination and exposure, for a prompt recovery followed.

It is curious the different effect that illness has upon men and women. As a rule, women, perhaps because they are more accustomed to it than men, act much more naturally than do men. They are differently affected, both according to their

varying dispositions and the nature of the affection. Some apparently bear their infirmities with stoical indifference, while others display a surprising lack of the traditional masculine virtues. A man may simulate with more or less success and mask his true feelings, but, in the case of the majority of women, they are not ill long before the doctor, if he is the proper sort, has a pretty true insight into their inner consciousness. A refreshing frankness, at times rather startling and even disconcerting in its very abandon, characterizes the relations between the average woman and her doctor, if she has confidence in him. The exact reverse is true if this confidence is lacking, in which case he can do nothing. Humor is one of the best agencies that a doctor has to help him in dealing with certain classes of individuals. If the patient can be made to see the funny side of a really serious situation, it often helps wonderfully. This fact was brought out very forcibly upon many occasions on the battle-fields and in the hospitals in France during the World War.

## CHAPTER XX

### THE GRATEFUL PATIENT

“God and the doctor we alike adore  
But only when in danger, not before.  
The danger o’er, both are alike requited,  
God is forgotten and the doctor slighted.”

THE unknown author of these lines must have been a doctor and must have penned them in a moment of despondency, such as comes every now and then to every medical man after he has had dealings with a certain class of patients familiar to us all. This type is most exacting and insistent in his demands upon our time and attention when he is ill or imagines that he is, which is frequently the case. Under these circumstances, he is always most indifferent to the claims of others and selfish to a high degree. But when he is recovering and thinks himself safe, he is ever prone to become most forgetful and unappreciative of past services rendered. Fortunately,

however, all patients are not like this. Every doctor is familiar with the genus "G. P.," otherwise known as a "grateful patient." He or she, it is more frequently the latter, is the cheapest and best advertisement that a doctor can have. There is no counterpart to the "grateful patient" in any other profession. She is a great and unique institution. What would a doctor do without her, for the most militant type is always of the gentler sex, to fight his battles for him; to stand up for him through thick and thin; to defend him against the verbal assaults of the grateful patients of his professional rivals; to advertise him and his virtues, real and fancied, at every afternoon tea and in every sewing-circle and club of which she is a member. It would be difficult to imagine practising medicine without her. The doctor's office and home would be far less well furnished; his library book-shelves less well filled with popular volumes; his personal wardrobe less striking and complete but for her.

The character and extent of the professional service may be, and frequently are, entirely disproportionate to the gratitude

of the patient. But that makes little difference. For the past fifteen or twenty years, the first reminder the writer has had each year of the approach of the Christmas season has been in the shape of some little gift from a certain poor widow from the side of whose nose he had removed a small warty growth, the size of a grain of wheat. It had been so situated, however, that every time she opened her eyes, she saw it, and it looked to her as big as a house. Her gratitude upon its removal was correspondingly great. Every true doctor has experienced this feeling of friendship and obligation to him that brings out and develops in the patient such admirable qualities of heart and mind, and that makes the family doctor the power for good that he is and the most loved and trusted of men.

Grateful patients are present in every community. Every sewing-circle contains a representative. Afternoon teas and other social gatherings would be tame affairs without the animated discussions with which they are not infrequently enlivened as to the relative merits or demerits of the favorite doctor of some loquacious member. Up-

on such occasions partisanship is apt to run high. A grateful patient of the writer, evidently a little doubtful in her own mind, once asked him if it was true that he had ever laughed while performing a surgical operation. . He replied in the affirmative and added that he was glad when he could find something to laugh at, as it relieved the nervous strain which at times is very great. He then inquired why she had asked the question. She replied that recently, at an afternoon tea, Mrs. X—— had come in all aglow with excitement, saying that she had just been calling at a friend's home when some one had run down-stairs and said that there was a surgical operation going on in the house across the street. So they all adjourned up-stairs, where they could get a better look, and sure enough there was Doctor F—— to be seen in the act of operating upon some one. Said Mrs. X——: "We could not see what he was doing, but right in the middle of it he looked up and laughed. The idea of such a thing! No hard-hearted, cold-blooded doctor like that could ever touch me." "Then," said my former patient, "we almost came to blows,

for I could not sit still and let anybody say anything against my doctor and not defend him, whether he was right or wrong. But I just wondered afterward whether you really had laughed or not." Such is the exaggerated and erroneous interpretation that is at times placed upon some innocent and harmless word or action of the doctor through misapprehension or the distorted imagination of the patient, or, more often, his friends.

## CHAPTER XXI

### CAUSES OF FAILURE

CAUSES of failure are largely inherent in the individual himself, although they may be due to extraneous or accidental influences. One meets a considerable number of men who have given up the practice of medicine after having gone through the medical school, and even after having spent some time in hospital service. The usual reasons for this change of occupation are, in the first place, lack of that "calling" that has been referred to elsewhere. If one has not this impelling force to urge him on over the difficulties and disagreeable experiences that are inseparable from the study and practice of medicine, he will probably not long survive the ordeal.

The inheritance of a fortune is responsible for a considerable defection from the medical ranks. Then, too, a rich wife, as a rule, exercises a very discouraging influence upon the practice of so arduous a profession. She seems to be jealous of a



profession that takes up so much of her husband's time and attention. Whatever the real reason, it is seldom that a doctor, after marriage to a rich wife, ever amounts to much in a professional way. There are, of course, here as elsewhere, marked exceptions to the rule, and they deserve especial credit in resisting the temptation to exchange the trials and toil and, at the same time, the opportunities of a doctor's life for the doubtful satisfaction derived from the flesh-pots of Egypt.

The acquisition of bad habits upon the part of the doctor plays no small part in his success or failure. Intemperance is a fatal defect in a doctor. Some few of his more loyal friends and patients may stick to him for personal reasons, but the vast majority of right-thinking people will insist that a doctor's habits must be such as not to interfere with his always being at his best, mentally and physically. He should not upon his part so far forget his responsibility to his patients as to allow himself ever to be placed, by indulgence in any habit, in the position where he is no longer master of himself and of all his faculties,

for a doctor can never tell at what moment he may, in some grave emergency, be called upon to make immediate use of all the mental and physical power he possesses to save a life or perform some notable service. A doctor of all people can least afford to trifle with his resources or his reputation. Sooner or later fate will overtake him, and a hitherto enviable reputation, possibly by a single indiscretion, may be sadly marred.

Failure to keep abreast of progress in his profession will, in the course of time, surely have its effect in lessened interest in his patients, in habits of indolence, both mental and physical, and in continuous deterioration in the character of his work. It is always a sad sight to see a professional man gradually losing his hold upon both himself and his work.

In some men, there seems to be a fatal defect in character which may be congenital, but also may be acquired, namely, the apparent inability to get along peaceably with their professional brethren. Such a one must always be in a row with some other doctor, or even patient. He is sure

that somebody is trying to "put something over on him," or do him a "dirty trick." He is utterly unreasonable about it and no one can convince him of his error. Incalculable harm is done by such an attitude. The advice of St. Paul, "in so far as possible, live peaceably" with one's professional brethren, is an excellent rule of practice for all medical men to follow assiduously.

Of course, if a man starts in on his professional career with the right attitude of mind toward it and then has the proper training in it, it will take much to wean him away from it. Lack of these initial factors, which are fundamental to success in his profession, will always tend, of course, to handicap him subsequently and render him a comparatively easy prey to the forces just indicated and to others as well that it is not worth while to discuss. So much depends upon a good start and the instillation of proper ideals and habits of thought and work that too much care cannot be exercised in laying the proper foundations for a medical career.





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